

## A. STATE FACILITIES

Many of the charts within Section A compare findings at a rate of per 1000 offenders incarcerated for analysis purposes. This is done to achieve a fair and accurate comparison among all institutions.

FWADE and SHRC have been broken out separately from DWCC beginning Q1 of 2005; previous quarters depict FWADE and SHRC(6/22/2004) data as a part of DWCC.

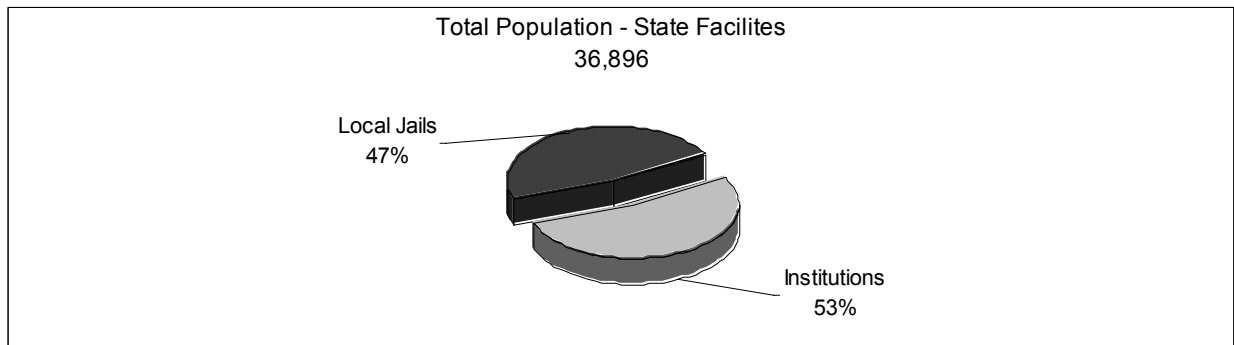
### 1. POPULATION PROFILES

Charts **A.1.a.** thru **A.1.i.** represent a demographic snapshot of the offenders who were in the state correctional system on March 31, 2005.

#### Total Population – State Facilities

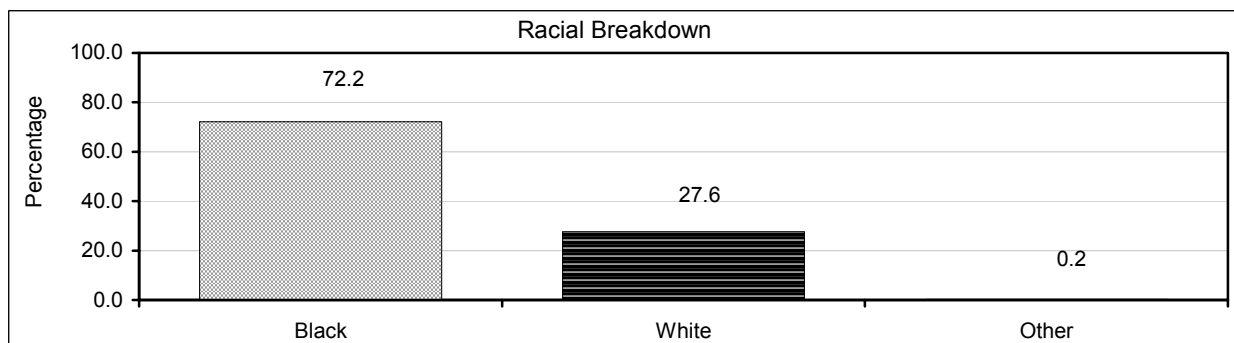
There are 19,569 offenders incarcerated in state facilities, an additional 17,327 adults sentenced to the Department's custody and housed in local jails for a total offender population of 36,896

##### A.1.a.



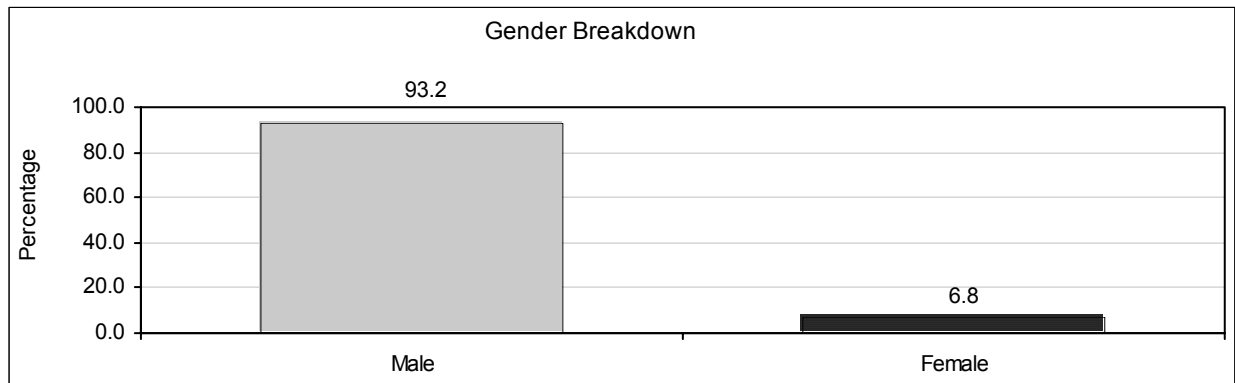
#### Racial Breakdown

##### A.1.b.



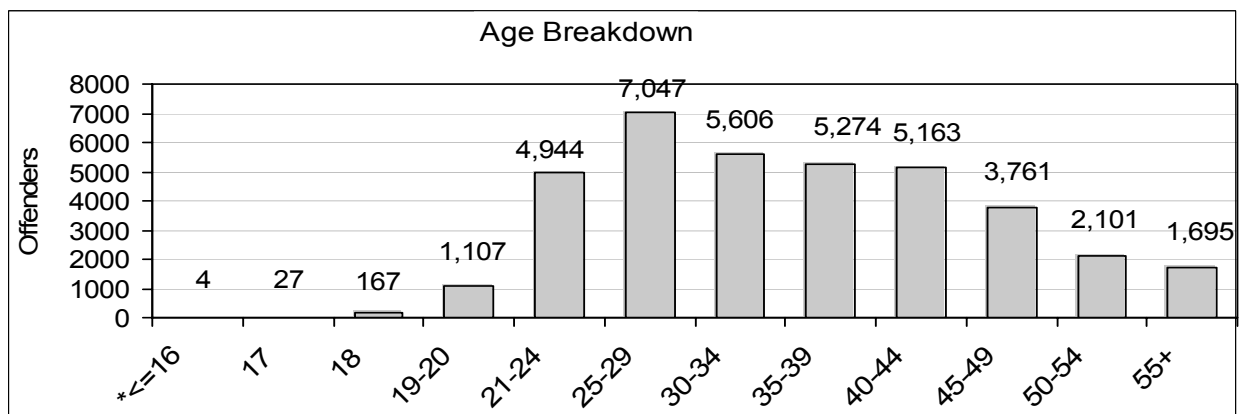
## Gender Breakdown

A.1.c.



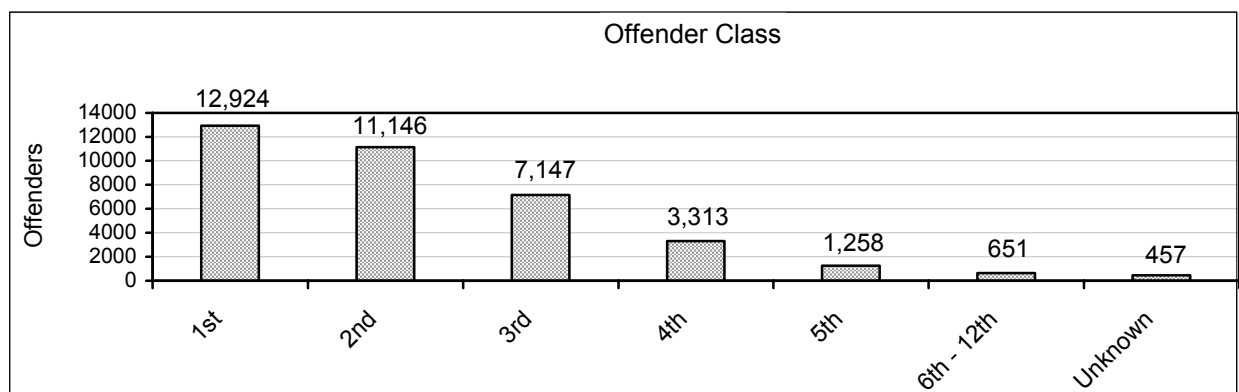
## Age Breakdown

A.1.d.



## Offender Class

A.1.e.



\* Offender class is the number of sequential felonies committed for which an inmate has been convicted

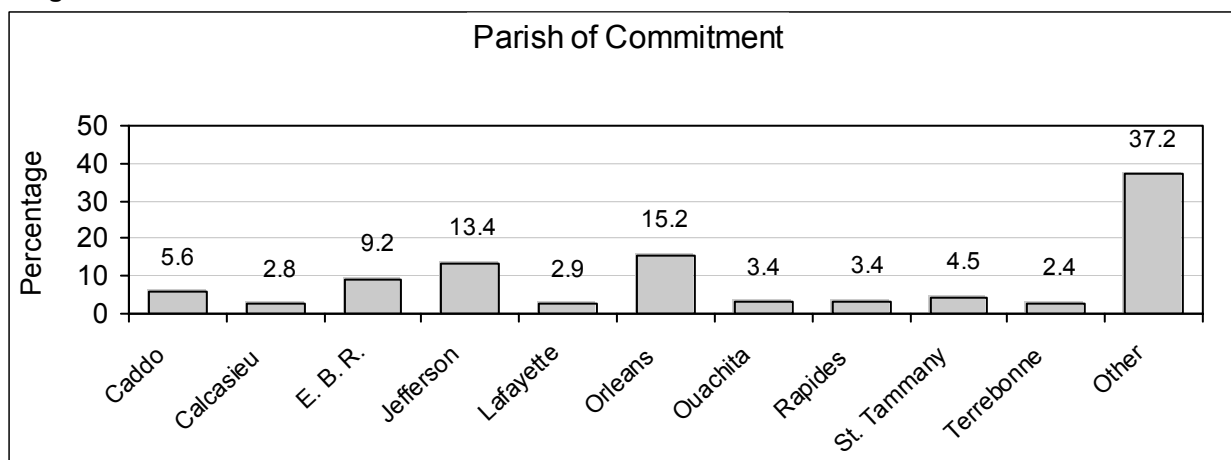
## Adult Offenders by Most Serious Commitment Crime

### A.1.f.

Most Serious Commitment Crime	Percent
Violent Crimes	39.6
Drug Crimes	30.7
Property Crimes	20.3
All Others	9.4

## Parish of Commitment

### A.1.g.



## Average Maximum Sentence Length

**Parole** is the release of an offender from a correctional facility after he has served a portion of his sentence and been granted parole by the Parole Board.

**Diminution of Sentence (GT/PS)** is also known as mandatory parole, Good Time/Parole Supervision. The release date is determined by the amount of good time an offender earns while incarcerated, and requires no parole hearing.

**Maximum Sentence** is the full term sentence to be served by an offender without being released by virtue of parole or diminution of sentence.

**A.1.h.**

<b>Average Maximum Sentence</b>						
<i>Category</i>	<i># Inmates in Total Pop</i>	<i>Avg. Max Sentence in Tot Pop</i>	<i># Inmates in State Facilities</i>	<i>Avg. Max Sent. in State Facilities</i>	<i># Inmates in Local Pop</i>	<i>Avg. Max Sent. In Local Pop</i>
<i>Total Population</i>	36,896	22.9	19569	38.4	17327	7.6
<i>Parole Eligible</i>	12,803	15.6	6243	25.9	6463	7.1
<i>Dim.Sent.Elignible</i>	17,245	11.1	7475	17.0	9513	7.3

(Includes Life and Death computed as 99 years.)

**A.1.i.**

<b>Maximum Sentence to be Served</b>						
<i>Years</i>	<i># Inmates in Total Pop</i>	<i>% of Total Pop</i>	<i># Inmates in State Facilities</i>	<i>% of State Pop</i>	<i># Inmates in Local Pop</i>	<i>% of Local Pop</i>
<i>0-2</i>	3020	8.2	525	2.7	2495	14.4
<i>3-4</i>	5029	13.6	1165	6.0	3864	22.4
<i>5-6</i>	6452	17.5	2378	12.3	4074	23.6
<i>7-10</i>	6681	18.1	3073	16.0	3608	20.9
<i>11-16</i>	3795	10.3	2247	11.7	1548	9.0
<i>17 - 20</i>	1854	5.0	1330	6.9	524	3.0
<i>&gt;20 (Fixed Term)</i>	5026	13.6	4472	23.2	554	3.2
<i>Life</i>	4347	11.8	4276	22.2	71	0.4
<i>Death</i>	98	0.3	98	0.5	0	0.0
<i>Pending Calculation/ Re-calculation</i>	594	1.6	5	0.0	589	2.6

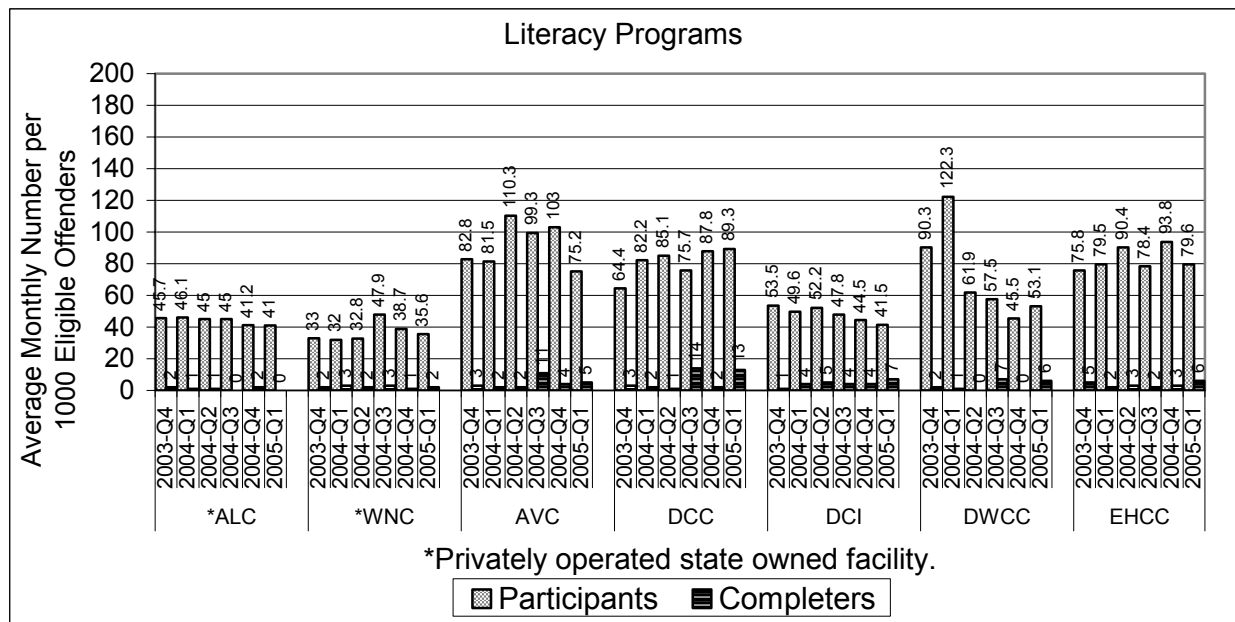
**2. EDUCATION PROGRAMS**

Eligible offenders are afforded participation in Literacy Training, Adult Basic Education – Developmental Studies (ABE/GED-DS), Special Education, Vocational-Technical College Education, and/or Correspondence Study Coursework. Offenders eligible to earn good-time or diminution of sentence may also earn educational good-time credits for participation in an approved educational program. Offenders housed in temporary assigned beds are afforded access to the education programs through independent/correspondence study, which are not reflected in these charts.

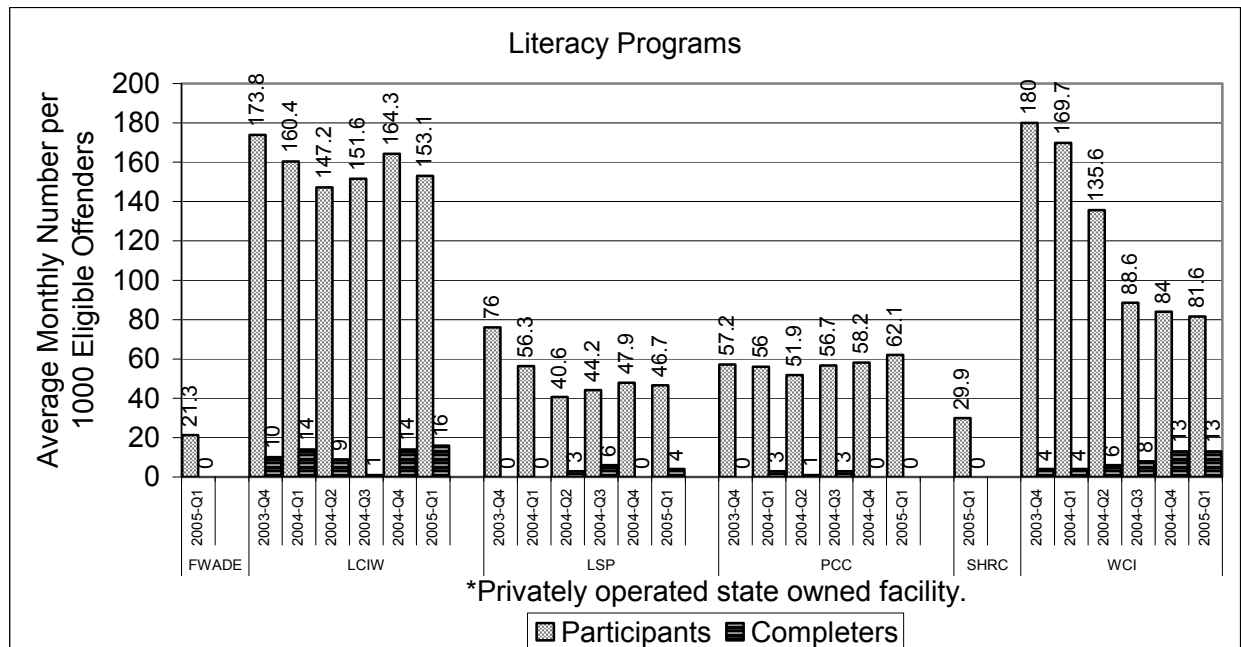
## Literacy

Charts **A.2.a.i.** and **A.2.a.ii.** reflect the Department's commitment to improving the basic academic skills of those offenders who cannot function in society due to their lack of early formal education or limited learning capacity. Offenders participating in Literacy Programs read at or below the 4<sup>th</sup> grade level and are considered completers of the program when they successfully progress to the 5<sup>th</sup> grade level and are then promoted to the available Basic Education or Pre-GED program. As of January 2004, with the exception of ALC and WNC, all state facilities have an academic program which also includes at least one Special School District #1 (SSD#1) instructor to serve those inmates who are age 21 & younger and have been diagnosed with a learning disorder as determined by an SSD#1 Diagnostician. Although LCIW does not physically house a SSD#1 instructor, it obtains SSD#1 services through the SSD#1 instructors housed at EHCC. It is anticipated that ALC and WNC will obtain SSD#1 services during the fiscal year 2005-2006.

**A.2.a.i.**



### A.2.a.ii.



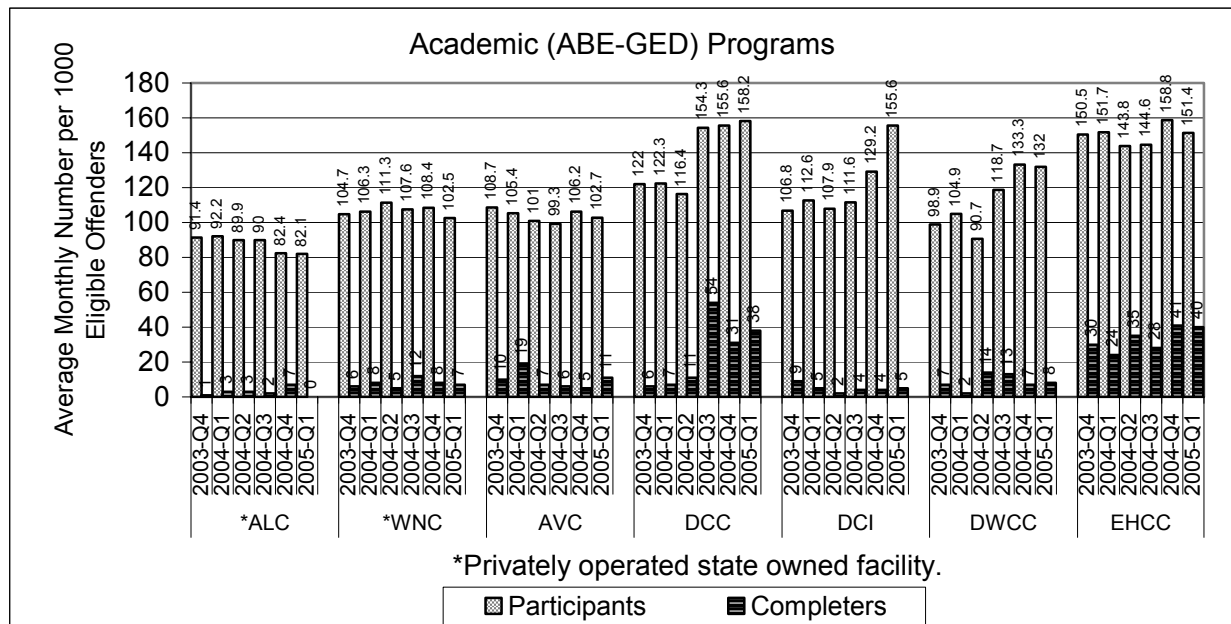
Number per 1000 Eligible Offenders = Inmates eligible for Literacy Programming include all inmates except those: housed in Working Cell Block at AVC, DCI, EHCC, LCIW, LSP, WCI, & WNC ; housed in Maximum/Administrative Segregation at AVC, DCC, DCI, DWCC, EHCC, LCIW, LSP, WCI, & WNC. Inmates in the LCIW IMPACT program participate in education programs at EHCC as a part of the curriculum.

### Academic (ABE/GED) Programs

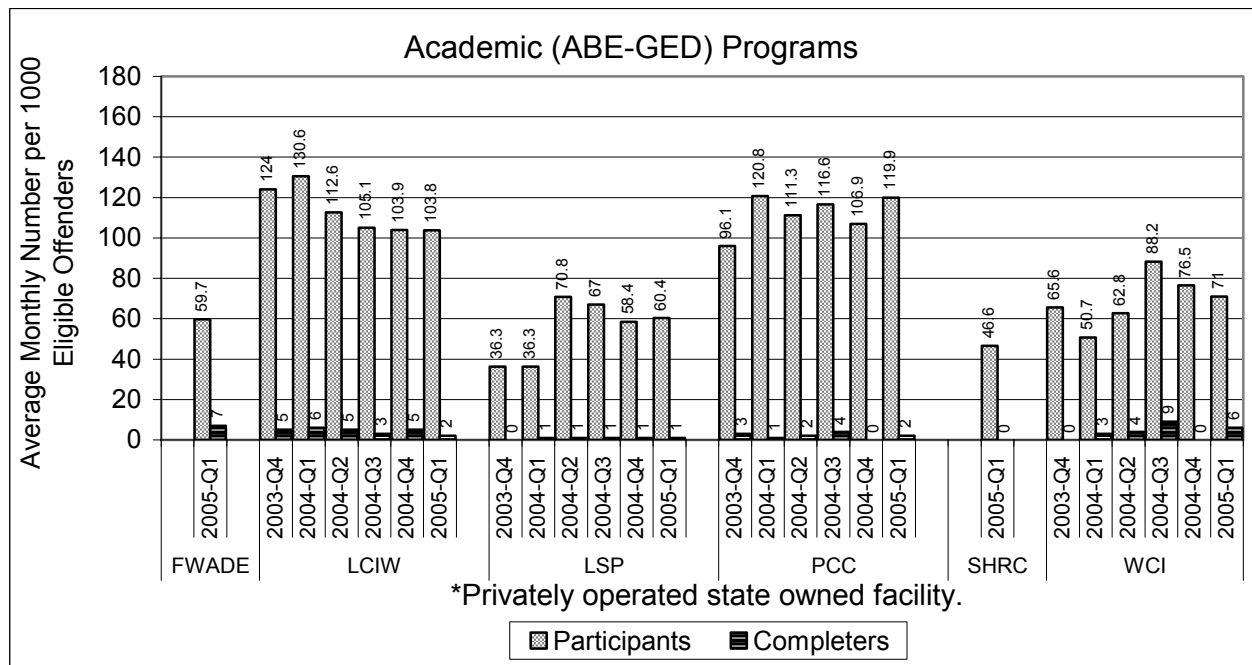
Charts **A.2.b.i.** and **A.2.b.ii.** indicate the Department's dedication to enriching the lives of those offenders who do not have a high school diploma or lack the academic skills necessary to further their education beyond the high school level. Offenders participating in Academic (ABE/GED) Programs possess academic skills at or above the 5<sup>th</sup> grade level. ABE students have a goal of attaining the 10<sup>th</sup> grade level, which will afford these students to enter most post-secondary programs upon release, and are considered completers of the program when they successfully reach the 10<sup>th</sup> grade level. GED students' goal is to attain a General Equivalency Diploma, and they are considered graduate/completers upon taking and passing the GED Exam.

During Q4 of 2003 there was no one to administer the test at WCI. During Q1 of 2005 there was no one to administer the test at ALC. Louisiana Community & Technical College (LTC)-Westside ceased all administration of the test at LCIW in December, 2003; and there has been no one to administer the test since that time. Efforts to secure additional test administrators through the Department of Education have been requested.

A.2.b.i.



A.2.b.ii.



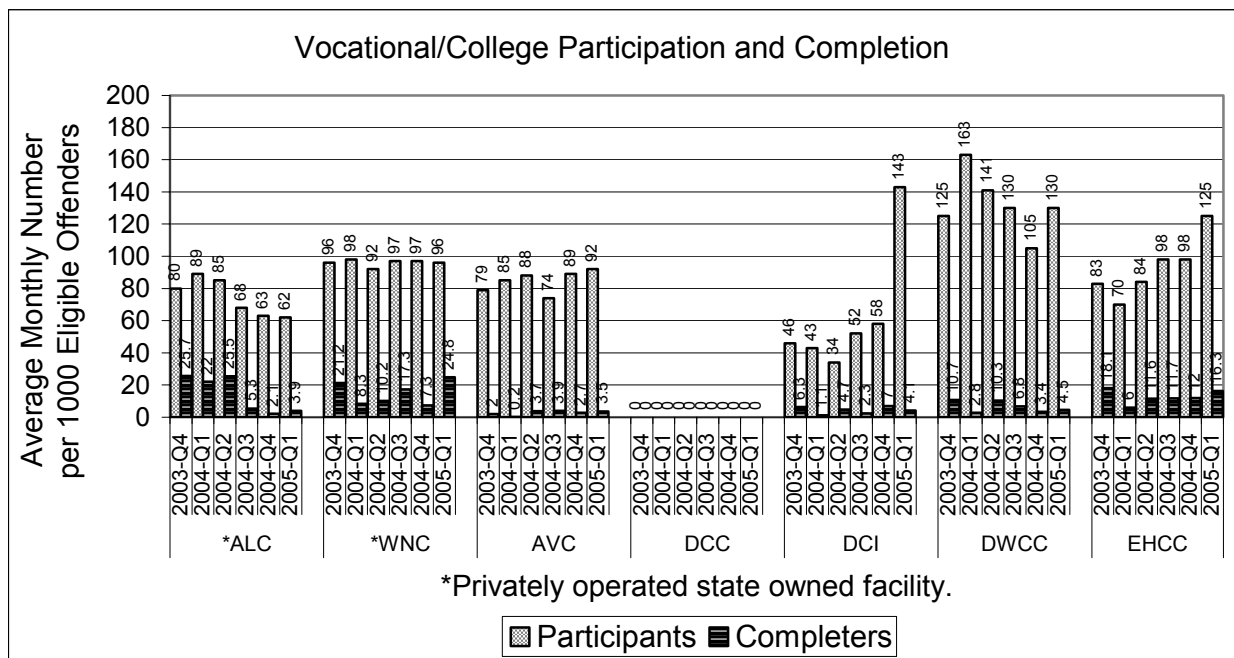
Number per 1000 Eligible Offenders = Inmates eligible for ABE/GED-DS Programming include all inmates except those: housed in Working Cell Block at AVC, DWCC, EHCC, LCIW, LSP, WCI, & WNC ; housed in Maximum/Administrative Segregation at AVC, DCC, DCI, DWCC, EHCC, LCIW, LSP, WCI, & WNC.

## College & Vocational Programs

Charts **A.2.c.i.** and **A.2.c.ii.** signify the Department's devotion to elevating the skills of those offenders who aspire to amplify their skills beyond the secondary level. Through the joint efforts of the Department, its affiliates, and the LTC, the quality of life of participating offenders has greatly improved. Offenders participating in College or Vocational Programs possess the academic skills at or above the necessary level to complete the individual program for which the offender has chosen to participate. College & Vocational students are considered completers when they exit their program with the necessary skills to obtain and maintain a job in a related program field.

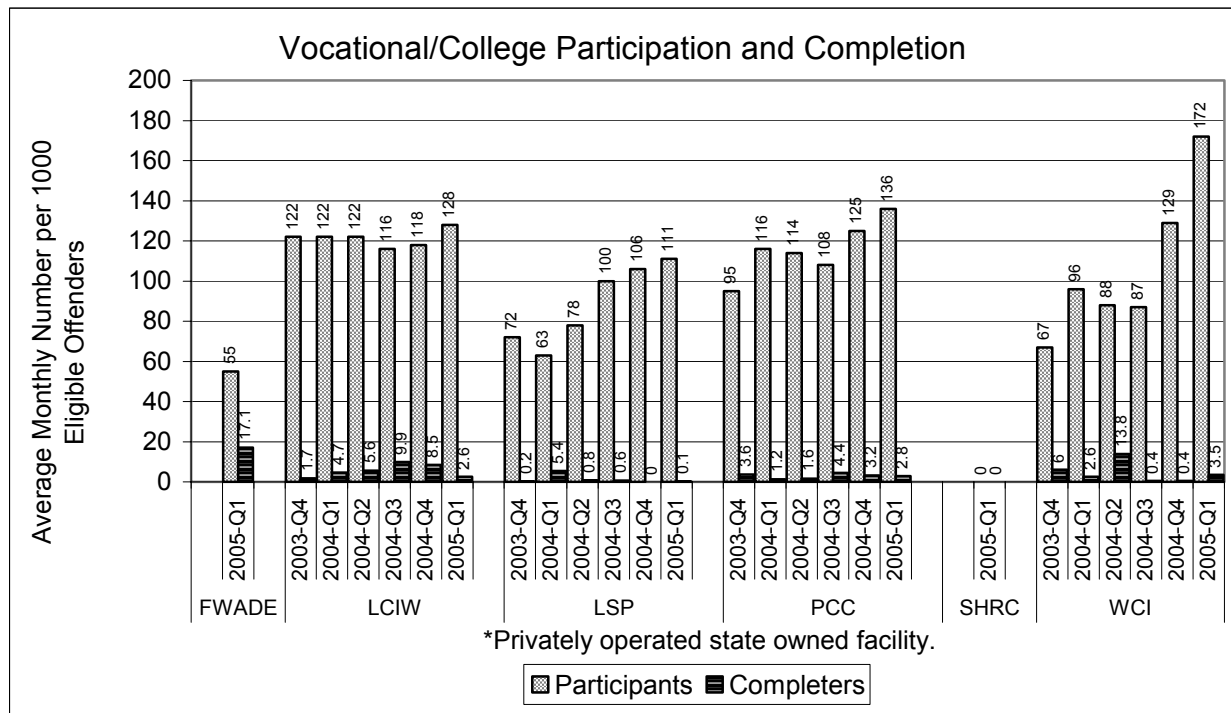
DCC & SHRC do not currently have a non-grant college or vocational program. FWCC's vocational program is self-funded by each participating general-population inmate through the grant courses offered for Youthful Offenders. DWCC's Q1 of 2004 includes the addition of a short-term, evening, vocational job-skills program. EHCC's and LSP's decline in participation & completions from Q4 of 2003 to Q1 of 2004 is attributed to the progressive loss of programs due to LTC budget cuts. EHCC's increase in participation from Q4 of 2004 to Q1 of 2005 is attributed to the reopening of previously closed LTC programs. The reduction of participation for WCI's Q4 of 2003 is attributed to a Fast-Track Welding program conducted during Q1 of 2004. DCI's increase in participation from Q4 of 2004 to Q1 of 2005 is attributed to the opening of the new Culinary Arts and Job-Life Skills Programs.

**A.2.c.i.**





### A.2.c.ii.



Number per 1000 Eligible Offenders = Inmates eligible for College/Vocational Programming include all inmates except those: housed in Working Cell Block at ALC, AVC, DWCC, EHCC, LCIW, LSP, WCI, & WNC; housed in Maximum/Administrative Segregation at AVC, DCC, DCI, DWCC, EHCC, LCIW, LSP, WCI & WNC.

### Grant-Funded Education Programs

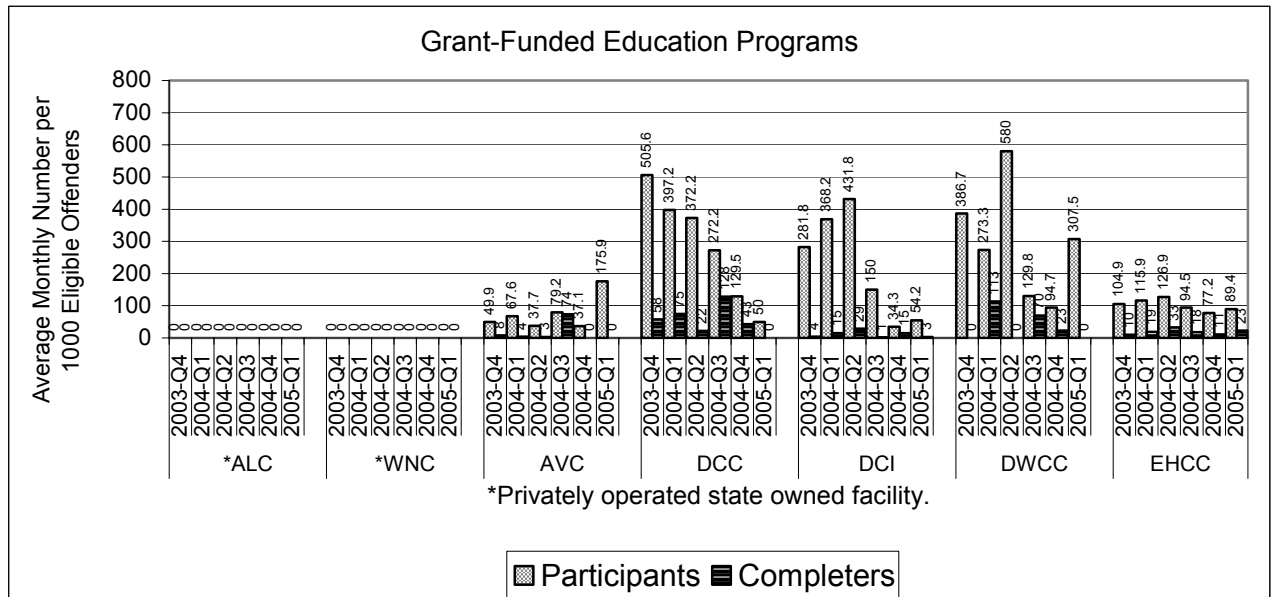
Charts **A.2.d.i.** and **A.2.d.ii.** illustrate the Department's determination to expand education to the offender population by pursuing additional funding sources to educate as many offenders who desire to strengthen their academic, technical, and life skills beyond their current level. Offenders participating in Grant-Funded Programs meet the individual requirements for the participating grant program. Grant-Funded Education Program students are considered completers when they meet all requirements as outlined in the approved grant.

Current grant sources include:

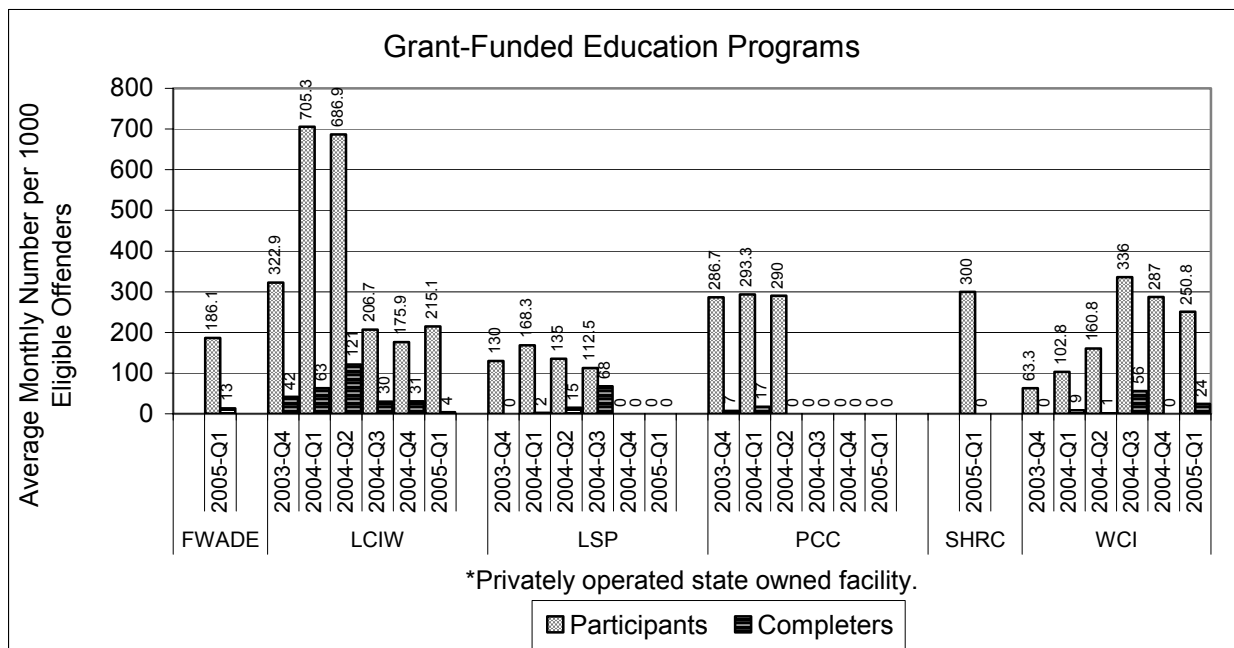
- Youthful Offender Grant (YOG)
  - Was reallocated for 3 additional years beginning July 1, 2004
- Adult Basic Education Grant
  - EHCC only

Q1 of 2004 numbers for DWCC reflect all 2003-2004 Horticulture TANF completers. During Q1 of 2004, LCIW increased the number of grant programs by re-instating the previously existing Upholstery program through the Youth Offender Grant.

A.2.d.i.



A.2.d.ii.



Number per 1000 Eligible Offenders = Inmates eligible for Grant Programs include only those inmates at each institution that meet the strict qualifications for each individual grant proposal.

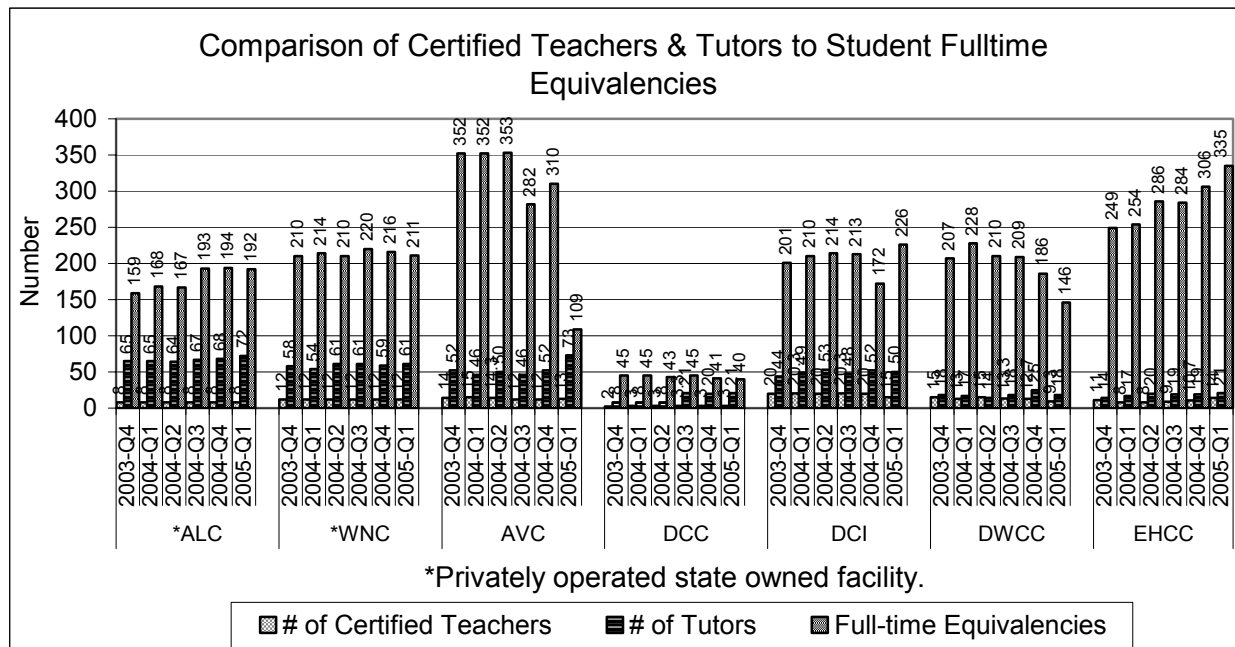
**Note: Grant Fund Allocated per Institution:**

ALC	ALC receives no grant funding	\$0
WNC	WNC receives no grant funding	\$0
AVC	2003- Q4 and 2004-Q1 & Q2 - TANF and YOG	\$43,713 per quarter
	2004-Q3 - YOG and 1-Month TANF Carryover	\$23,071 per quarter
	2004-Q4 - YOG	\$11,250 per quarter
	2005-Q1 - YOG	\$11,250 per quarter
DCC	2003-Q4 and 2004-Q1 & Q2 - TANF	\$22,123 per quarter
	2004-Q3 - YOG and 2-Months TANF Carryover	\$25,999 per quarter
	2004-Q4 - YOG	\$11,250 per quarter
	2005-Q1 - YOG	\$11,250 per quarter
DCI	2003-Q4 and 2004-Q1 & Q2 - TANF, YOG, and Enhanced GED	\$61,813 per quarter
	2004-Q3 - YOG and 2-Months TANF Carryover	\$32,996 per quarter
	2004-Q4 - YOG	\$11,250 per quarter
	2005-Q1 - YOG	\$11,250 per quarter
DWCC	2003-Q4 and 2004-Q1 & Q2 - TANF and YOG	\$47,667 per quarter
	2004-Q3 - YOG and 2-Months TANF Carryover	\$60,028 per quarter
	2004-Q4 - YOG	\$33,750 per quarter
	2005-Q1 - YOG	\$11,250 per quarter
EHCC	2003-Q4 and 2004-Q1 & Q2 - TANF, YOG, Adult Education, and High Risk Demonstration	\$74,335 per quarter
	2004-Q3 - YOG, 1-Month TANF Carryover, and Adult Education	\$64,898 per quarter
	2004-Q4 - YOG and Adult Education	\$53,188 per quarter
	2005-Q1 - YOG and Adult Education	\$53,188 per quarter
FWCC	2005-Q1 - YOG	\$11,250 per quarter
LCIW	2003-Q4 and 2004-Q1 & Q2 - YOG and High Risk Demonstration	\$12,310 per quarter
	2004-Q3 - YOG	\$11,250 per quarter
	2004-Q4 - YOG	\$11,250 per quarter
	2005-Q1 - YOG	\$11,250 per quarter
LSP	2003-Q4 and 2004-Q1 & Q2 - TANF	\$35,128 per quarter
	2004-Q3 - 1-Month TANF Carryover	\$12,685 per quarter
PCC	2003-Q4 and 2004-Q1 & Q2 - TANF	\$24,671 per quarter
	2004-Q3 - 2-Months TANF Carryover	\$16,447 per quarter
SHRC	2005-Q1 - YOG	\$11,250 per quarter
WCI	2003-Q3 & Q4 and 2004-Q1 & Q2 - TANF and YOG	\$54,260 per quarter
	2004-Q3 - YOG and 1-Month TANF Carryover	\$26,837 per quarter
	2004-Q4 - YOG	\$11,250 per quarter
	2005-Q1 - YOG	\$11,250 per quarter

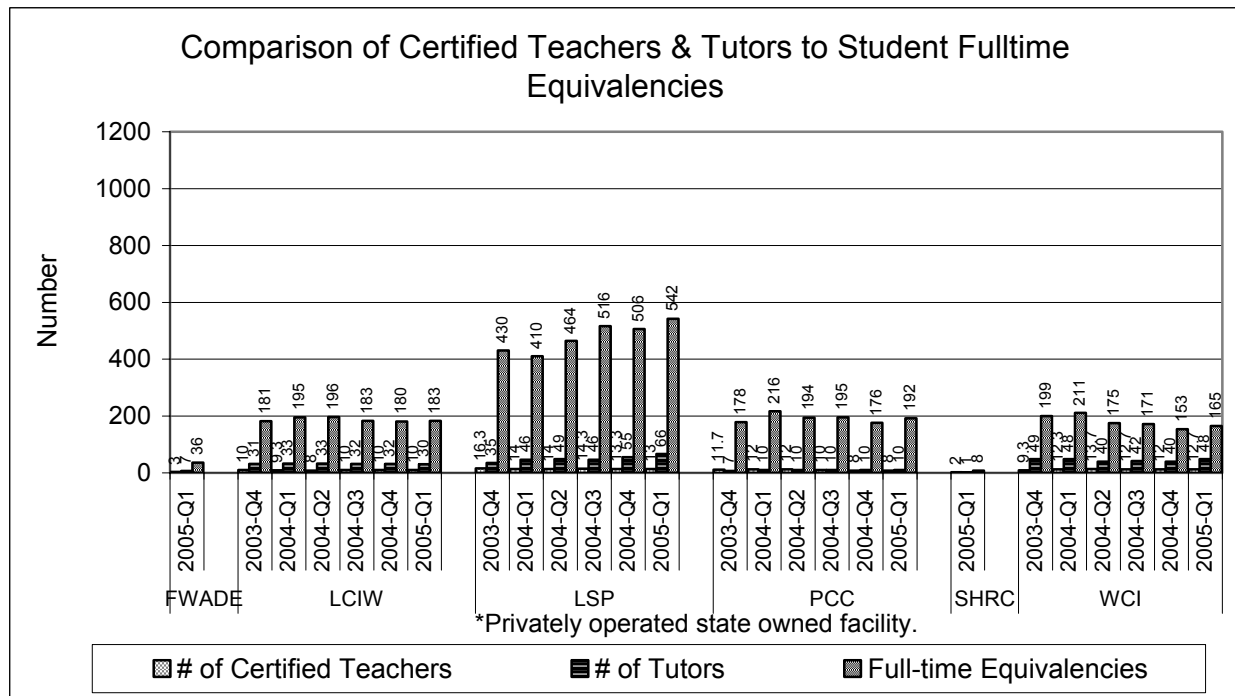
## Comparison of Certified Teachers & Tutors to Student Fulltime Equivalencies

Charts **A.2.e.i.** and **A.2.e.ii.** reflect the number of certified teachers and tutors in all offered programs at each facility, along with the number of fulltime equivalents (FTE) being generated. In order to standardize the education reporting for all correctional facilities, the FTE reporting system details the education offered at each institution by using the number of weekly attendance hours per participant to formulate 30 participant hours equaling 1 FTE. The FTE system of calculation accounts for: (a) the number of participants, (b) the hours of involvement per participant, and (c) the education participation time per institutional program. This system allows for institutional reporting of education participation to be uniform between facilities.

A.2.e.i.



A.2.e.ii.



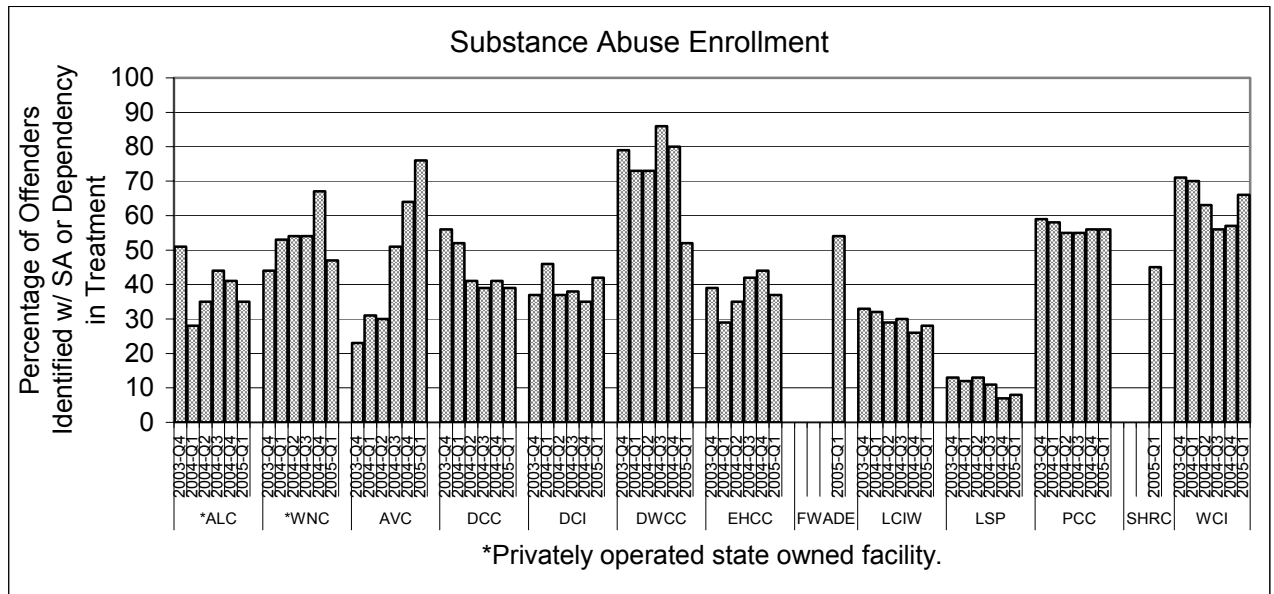
### 3. REHABILITATIVE PROGRAMS

#### Substance Abuse Program Services

The Department provides a wide range of substance abuse program services at each institution to meet the needs of the offender population.

During Q1 of 2005, the substance abuse coordinator position at LSP was vacated. The position will be reallocated to a social worker and substance abuse responsibility will be spread among all social workers

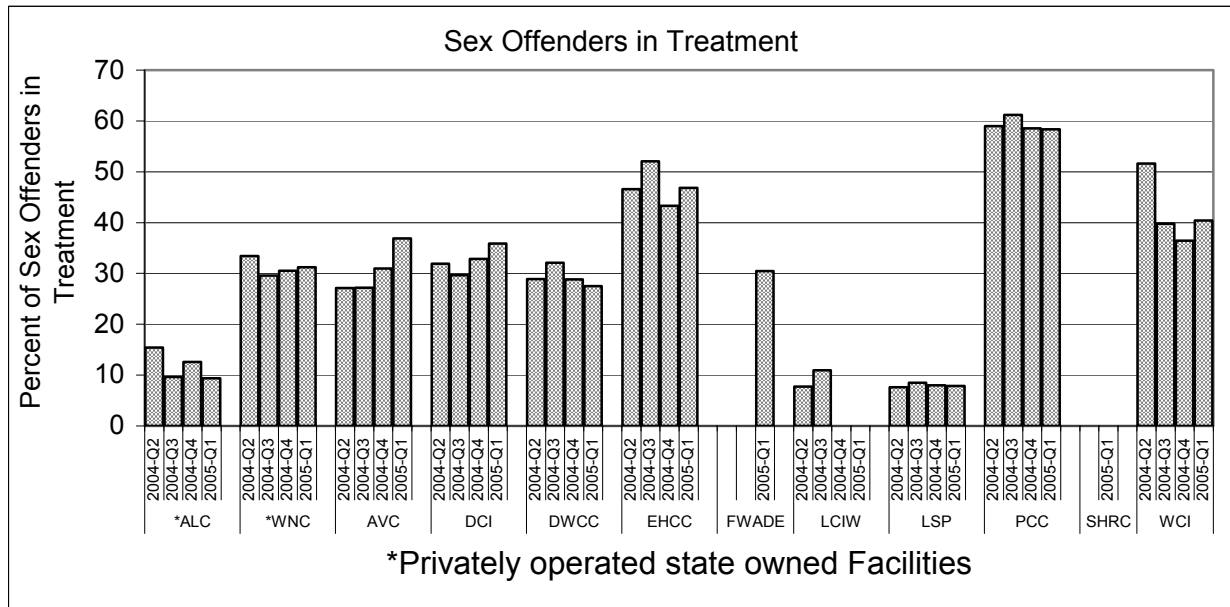
##### A.3.a.



#### Sex Offender Treatment

Sex offender treatment programs include counseling and therapy provided by institutional mental health staff. La. R.S. 15:538(C) and 15:828 govern sex offender treatment programs. Treatment programs for sex offenders are voluntary with the exception of a few cases with mandated treatment. There were approximately 2,700 adjudicated sex offenders within the Department during Q1 of 2005.

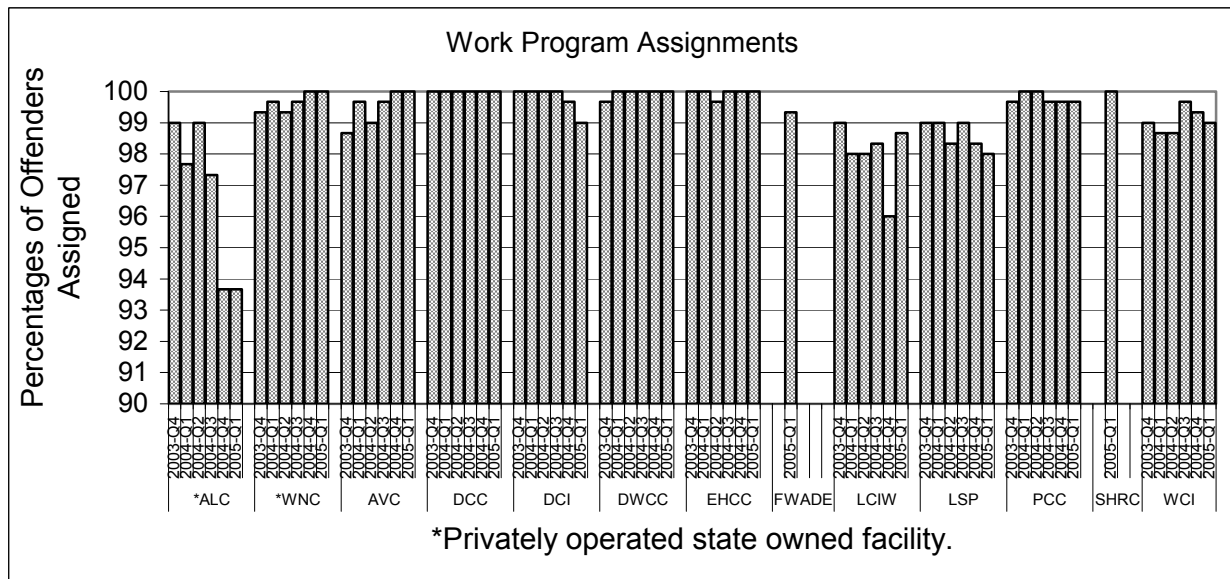
**A.3.b.**



**4. WORK PROGRAM ASSIGNMENTS**

All eligible offenders housed in secure facilities are required to participate in an assigned program. Chart **A.4.a.** indicates that the majority of the facilities have a high participation rate. The Department wide average is 99.03%. This includes medical and mental health impaired offenders who are able to contribute to a facility's operations. ALC numbers are low due to the practice of not counting the Regular Duty inmates that have restrictions as Limited Duty.

**A.4.a.**



## 5. HEALTH CARE

### Basic and Specialty Health Care

Basic health care is described as routine health care provided to offenders and includes any contact between offenders and medical staff. Specialty health care includes but is not limited to orthopedic, cardiology, surgery, ENT, internal medicine, dermatology and OB/GYN. When possible, all contacts are provided on-site.

Chart **A.5.a.** depicts the Department total number of contacts between offenders and health care professionals or health-trained personnel. The numbers include basic health care and specialty health care contacts both on-site and off-site.

**A.5.a.**

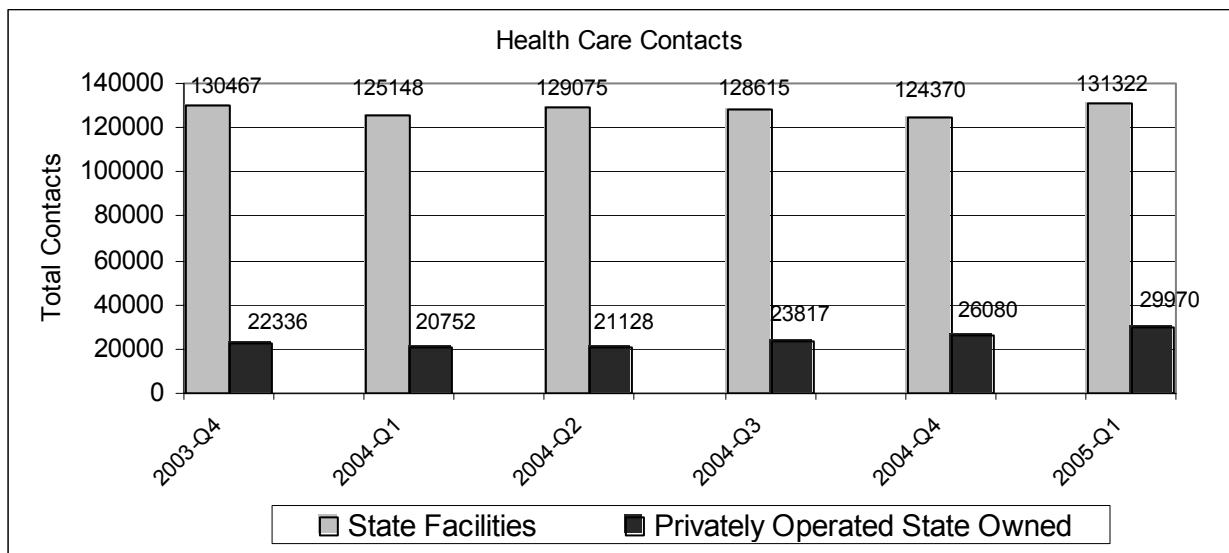


Chart **A.5.b.** depicts each facility's total number of health care contacts per 1000 offenders. WCI corrected their practice in counting health care education contacts, which has caused a decrease in their numbers. More efficient monitoring of scheduled visits has contributed to their decrease also. EHCC advises an increase in patient acuity levels; they have implemented new protocol that requires more medical contact and testing. ALC attributes change in physician to low numbers during Q3 of 2004. DCC attributes low health care contacts during Q4 of 2004 to not having a dentist.

**A.5.b.**

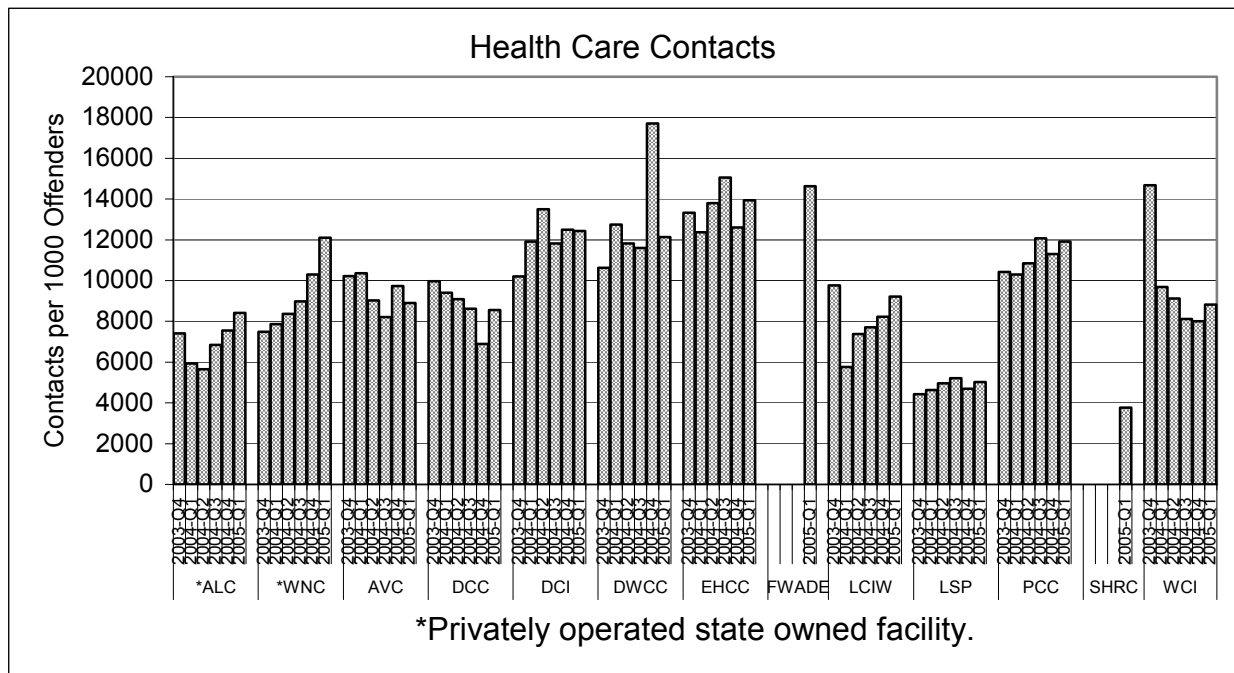


Chart **A.5.c.** depicts the number of offenders seen for routine or emergency dental examinations, excluding oral surgery. The dentist at WCI was out on family medical leave during Q3 of 2004 and then resigned; a new dentist was hired and began catching up on backlogs, resulting in increased contacts for Q1 of 2005. AVC's regular dentist was out on FMLA/extended leave for most of Q1 of 2005. A dentist was contracted one day a week to manage backlog, however the overall number of contacts has dropped. DCC had no dentist most of Q4 of 2004; new dentist brought on in December 2004 works 16 hours a month

**A.5.c.**

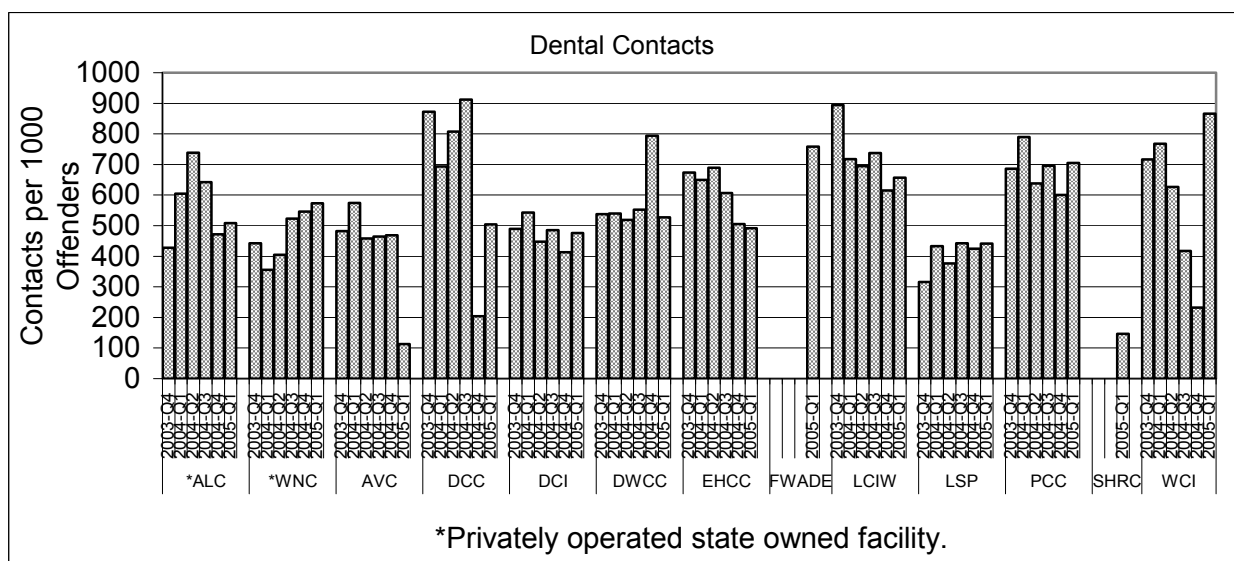




Chart **A.5.d.** depicts the number of documented contacts by offenders that are self-initiated for routine care with medical personnel other than physicians or mid-level providers. PCC reports that they had an increase in sick call contacts due to heat related illnesses during Q3 of 2004. DCC reports rise in contacts during Q1 of 2005 due to Flu/Flu like symptoms.

**A.5.d.**

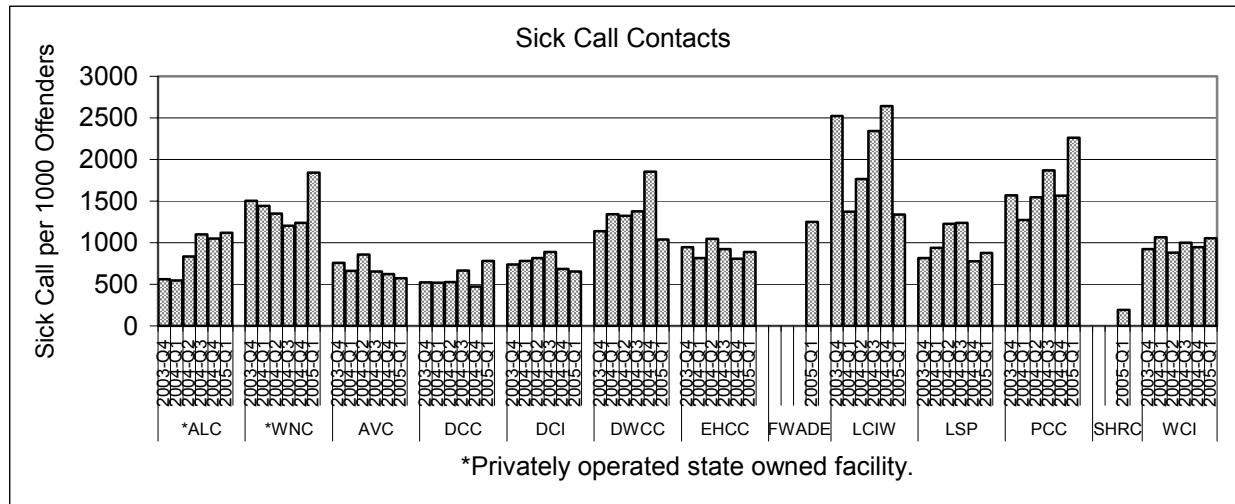


Chart **A.5.e.** shows the number of documented contacts by an offender with a physician or mid-level provider. LCIW has an increase in doctor's calls during the Q2 and Q3 of 2004 as a result of hiring additional contract doctors and the operation of the Hepatitis C clinic. EHCC advises an increase in patient acuity levels. They have implemented new protocol that requires more medical contact and testing. Doctor's call contacts continue to decrease at DCC due to medical protocols set up by doctor (i.e. foot care).

**A.5.e.**

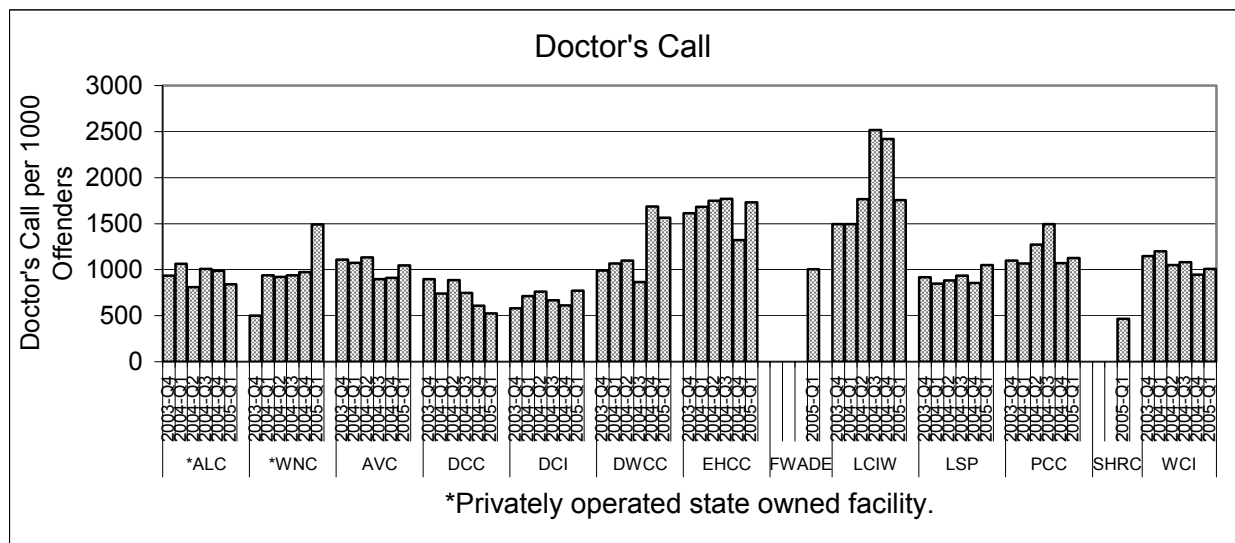


Chart **A.5.f.** depicts the number of offenders with medical conditions requiring admittance to the infirmary. There are no infirmary beds located at DCC. PCC experienced an increase in admits during Q3 of 2004 related to preps for tests/procedures and increased orthopedic injuries. These were patient stays with less than 24 hours which accounts for admits being greater than the inpatient days. During Q3 of 2004, WNC contributes increase in admits due to needs of inmates upon intake and exchanging inmates with DWCC to utilize infirmary beds.

**A.5.f.**

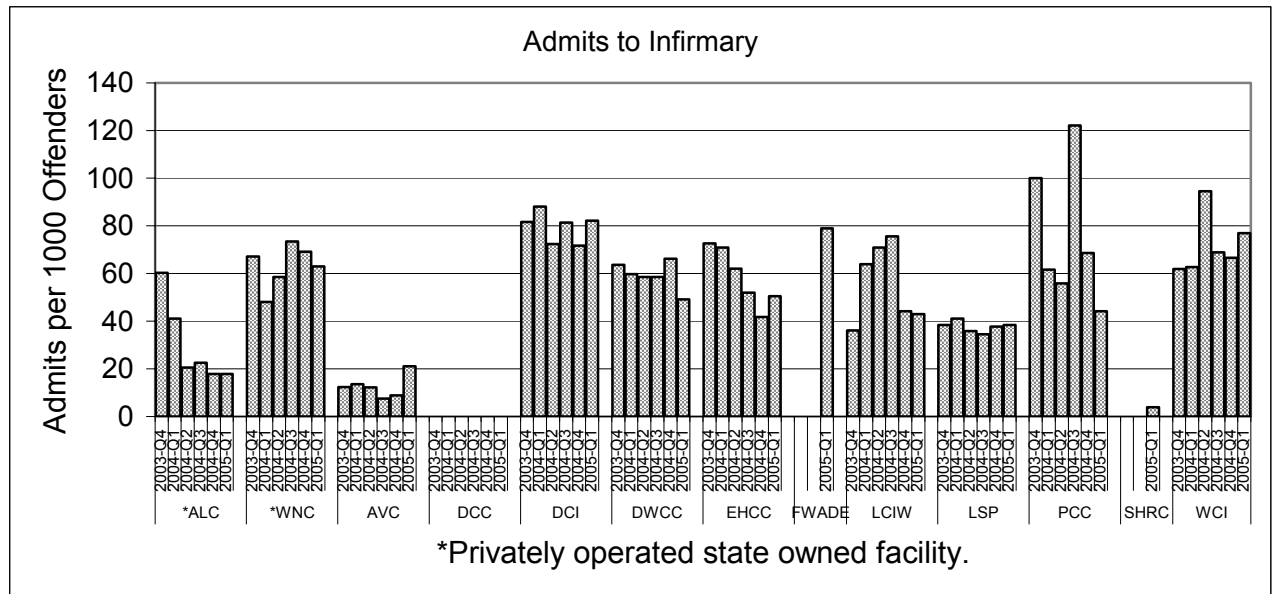


Chart **A.5.g.** depicts the cumulative number of inpatient days that were provided on-site in the medical infirmary. Although LSP and EHCC have a lesser number of inmates being admitted to the infirmary (see chart **A.5.f.**), they have a higher number of inpatient days due to an elderly population at LSP and the acuity level of the population at EHCC. PCC numbers have been decreasing due to increased utilization of dorm restriction with dorm duty. LCIW had 4 offenders domiciled in the infirmary due to chronic and terminal illness during part of Q3 of 2004 and all of Q4 of 2004 through Q1 of 2005.

**A.5.g.**

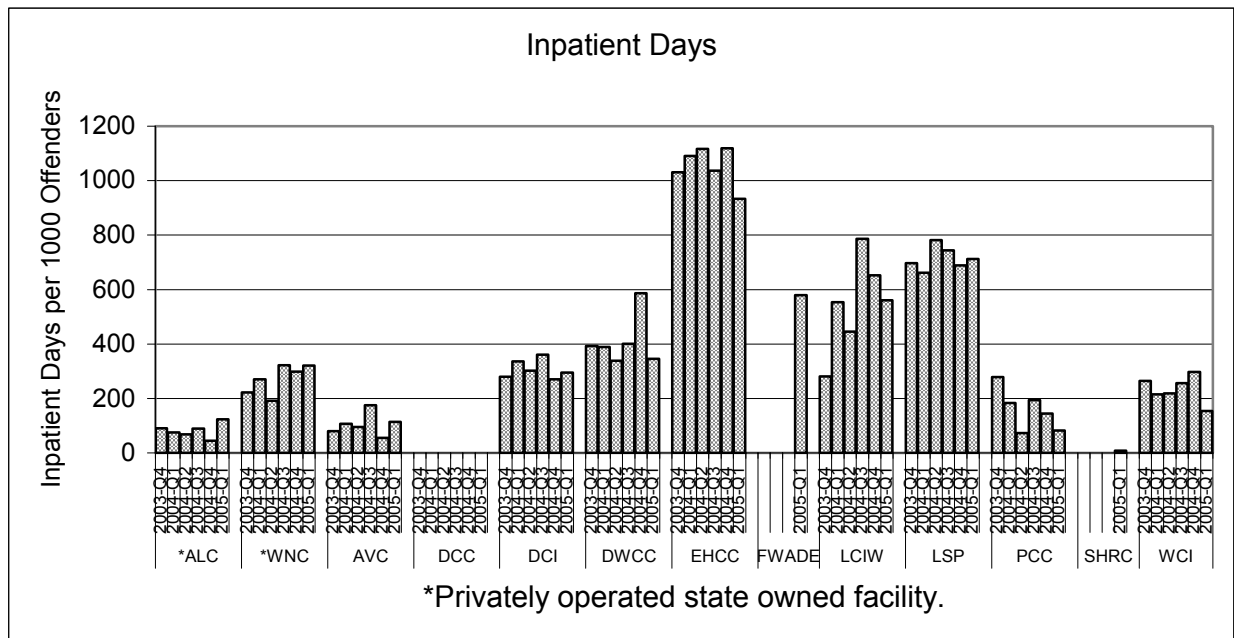


Chart **A.5.h.** depicts the total number of basic radiographs that were taken either on-site or off-site. LCIW includes on-site mammograms. The increase of x-rays for EHCC during 2004 quarters is due to a change instituted in their health care protocol for 2004. Several facilities report that x-ray increases were due to increased orthopedic injuries during Q2 and Q3 of 2004.

**A.5.h.**

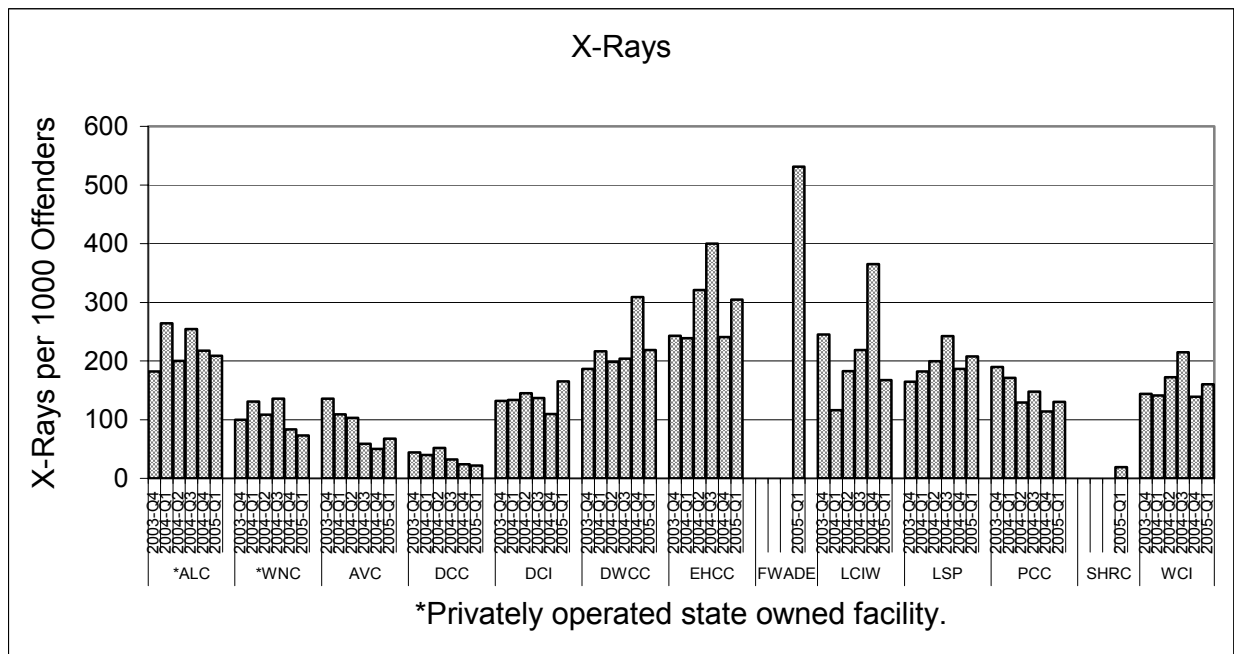


Chart **A.5.i.** depicts the number of lab tests ordered and performed. The testing can be performed off-site or on-site. Each ordered test counts as one procedure (e.g. CBC, chemistry profile, hepatitis profile, and urinalysis). Therapeutic blood levels for diabetics are being monitored less frequently at AVC, and liver function tests are ordered less due to changes in the hepatitis protocol. EHCC advises an increase in patient acuity levels. They have implemented new protocol that requires more medical contact and testing.

**A.5.i.**

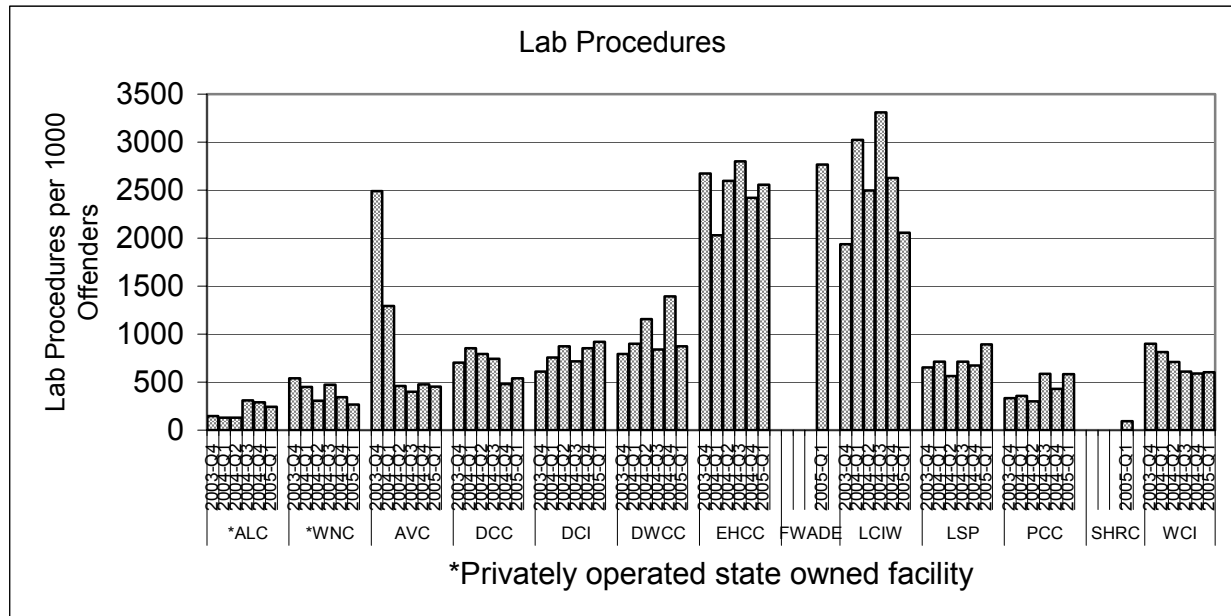
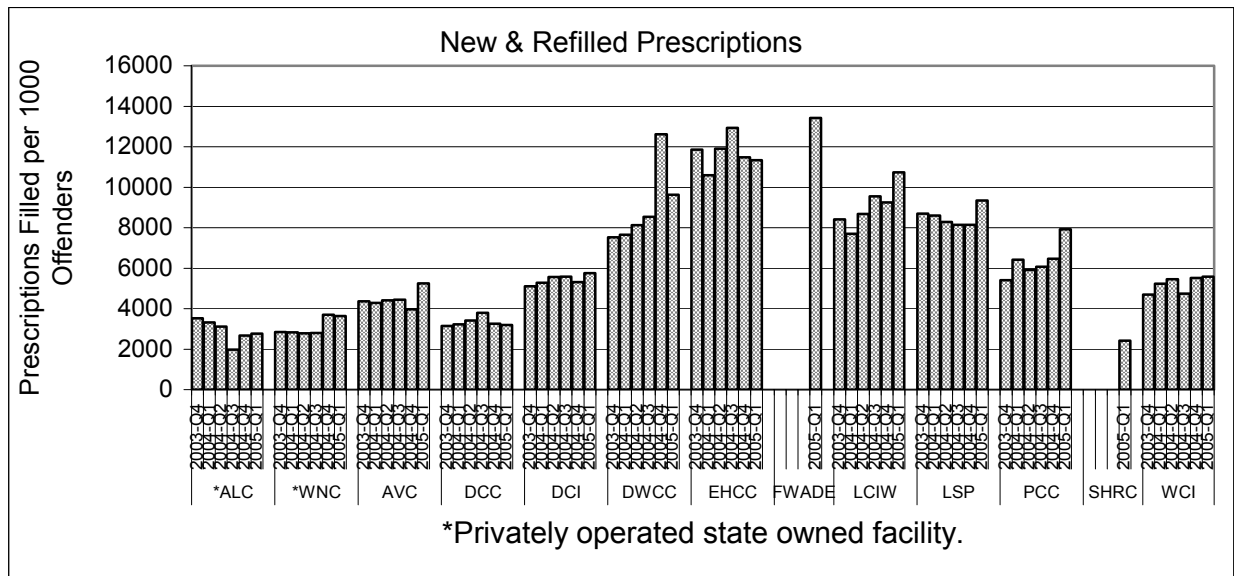


Chart **A.5.j.** reflects the number of both new and refilled prescriptions that were filled by a pharmacist. Each medication counts as one prescription. The medical process at WNC has been targeted in a continuous process improvement study that includes medication procurement, storage, dispensing and reordering, thus decreasing prescriptions being filled. EHCC is a Level of Care 1 facility that houses a significant number of mentally ill, sick and elderly, hypertensive and diabetic offenders. EHCC, DWCC (excluding Q1 of 2005), FWCC and LCIW serve as the reception centers for incoming offenders from local facilities that have medical symptoms requiring prescribed medication. ALC had fewer prescriptions during Q3 of 2004 because of less psychiatric and HIV+ meds being prescribed. This was due to patient non-compliance and correcting their practice in obtaining medication from Huey P. Long Hospital for the clinic.

**A.5.j.**

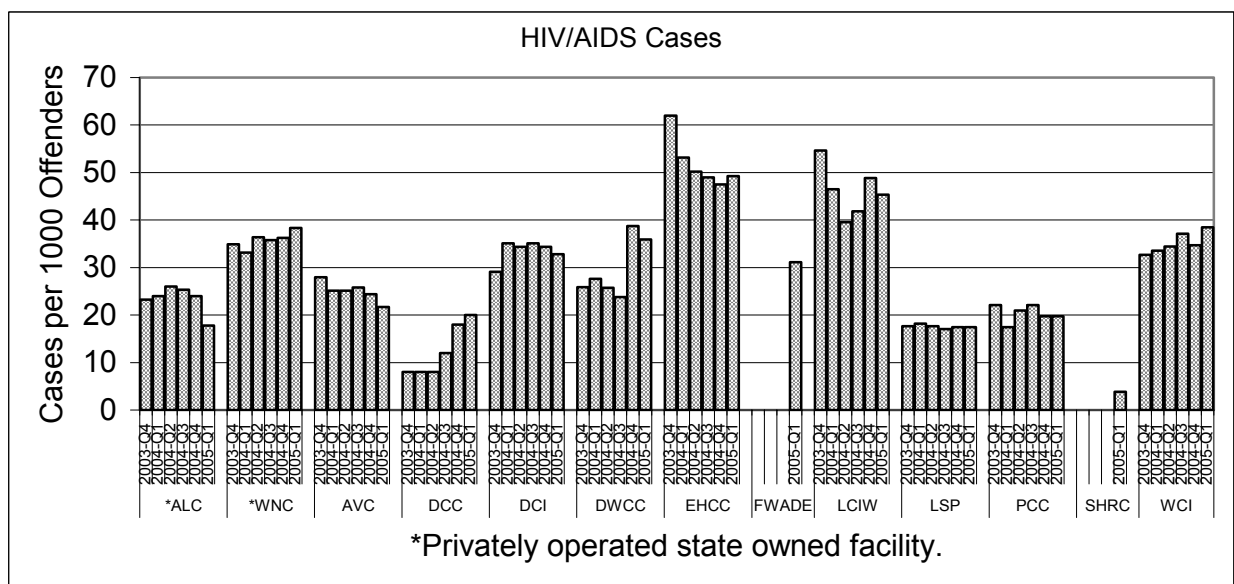


**6. COMMUNICABLE DISEASES**

**HIV/AIDS**

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) testing is conducted based on public health needs, medical suspicion of infection, or if an offender requests testing due to previous “at risk” behavior. LSP’s slower entry rate in addition to a low number of offender requests for HIV/AIDS testing contributes to their low number of identified cases. DCC reports an increased number of inmates being transferred into facility with HIV/AIDS.

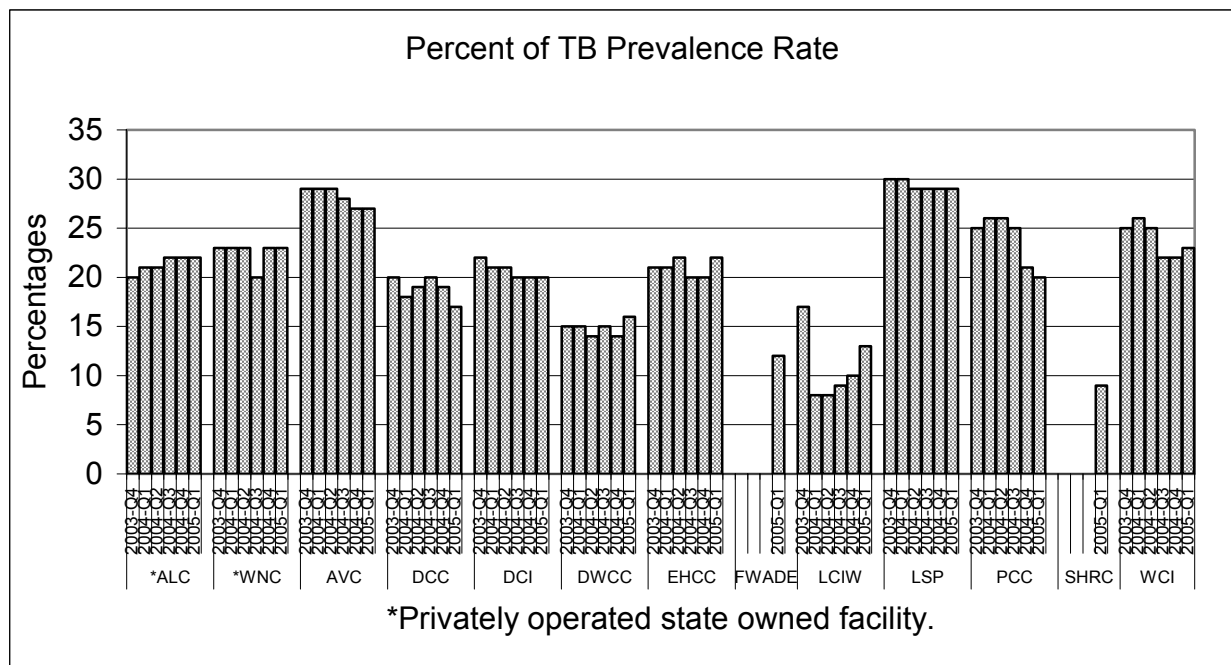
**A.6.a.**



## TB Prevalence

The average monthly Tuberculosis (TB) prevalence rate is determined by the total number of positive Purified Protein Derivatives (PPD) tests, divided by the institution's population, multiplied by 100. The PPD test is administered to each offender upon intake and annually thereafter. Health care staff will evaluate all inmates who have a positive tuberculin skin test and develop appropriate treatment plan, if needed. LCIW advises low numbers are a result of the way the TB prevalence rate was being calculated; this has been corrected, future quarters will reflect these changes.

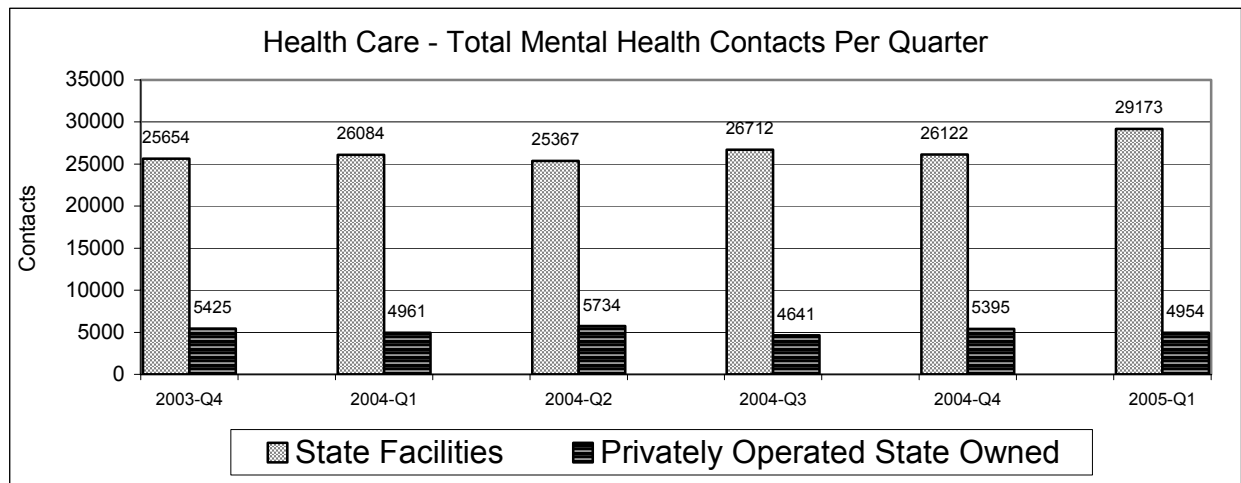
**A.6.b.**



## 7. MENTAL HEALTH CONTACTS

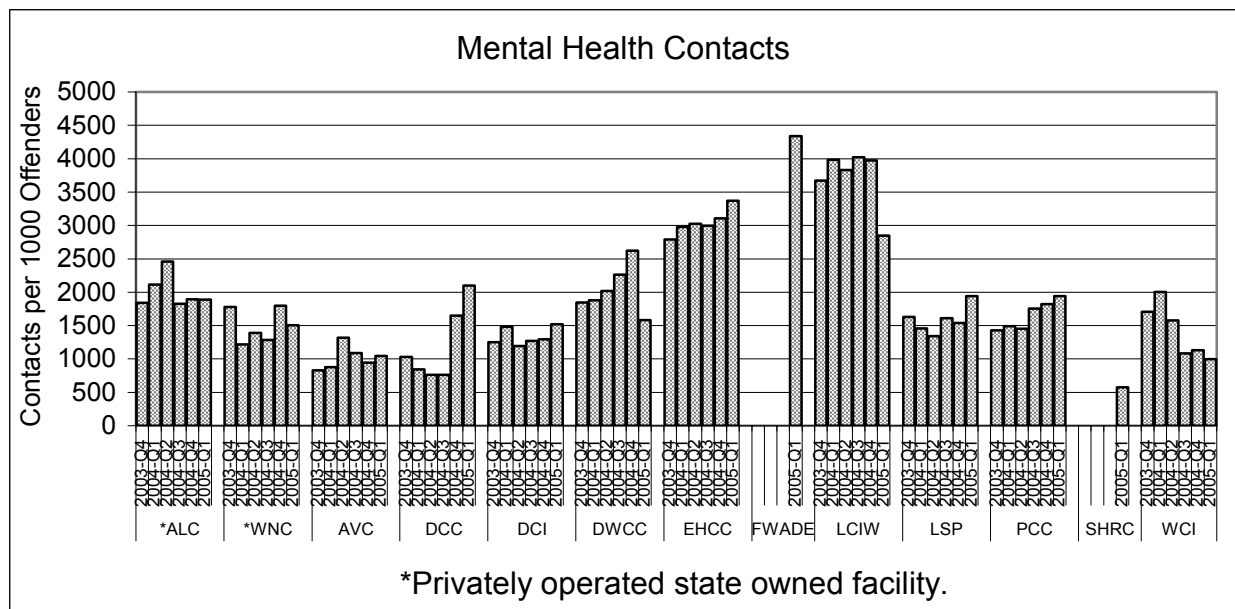
Mental health contacts are described as formalized contacts provided by qualified mental health professionals who meet the educational and license/certification criteria specified by their respective disciplines, including but not limited to psychiatrists, psychologists, social workers, psychiatric nurses and all other trained staff who provide mental health services.

#### A.7.a.



DCC reports Q4 of 2004 mental health contacts increased with the employment of a Mental Health Director which had been vacant for several months. Q1 of 2005 numbers are high due to error in counting work release and annual review.

#### A.7.b.



### 8. DRUG SCREENS

The use of illicit drugs and alcohol by offenders presents a serious threat to the safety and security of a correctional facility. Testing is conducted monthly on a minimum of 5% of the institutional population. In addition, offenders may be tested for other reasons including reasonable suspicion, when found to be in possession of suspected illicit drugs or alcohol, or when medical staff feels that an offender may be under the influence.

**A.8.a.**

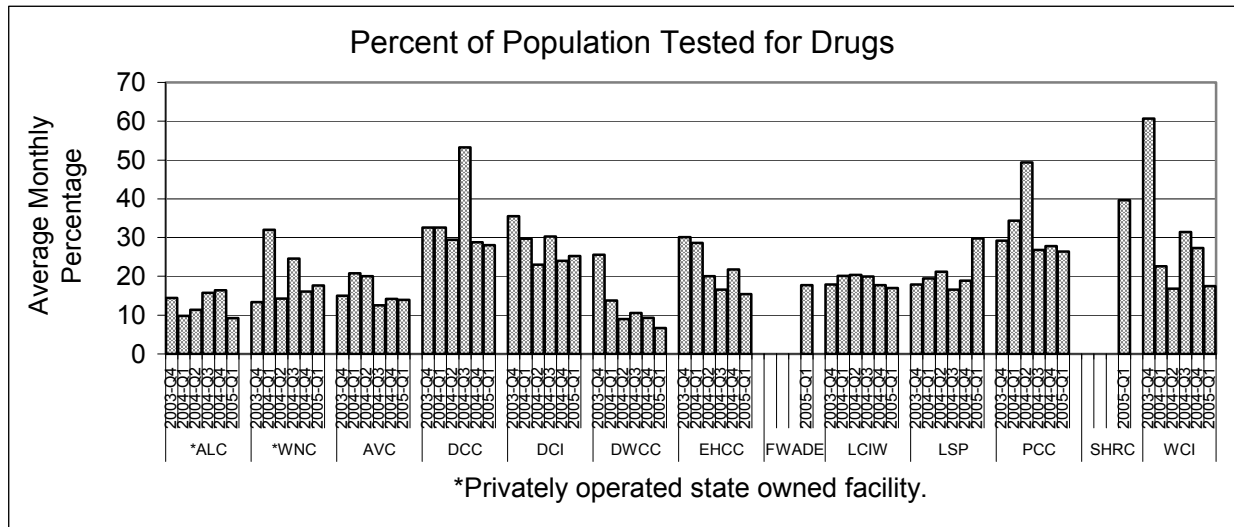
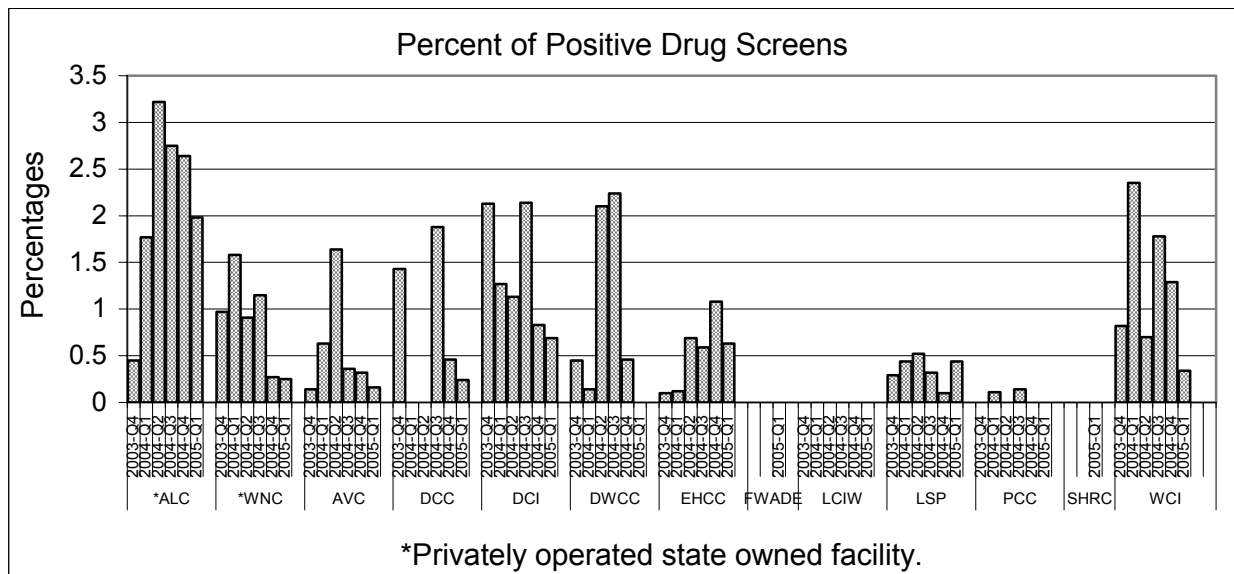


Chart **A.8.b.**, information received and increased positive drug screens prompted an action plan at ALC that has resulted in increased testing, intensified supervision of road crew shakedowns and further restrictions of items allowed on the compound by staff. Coordination with government agencies and an on-site task force is included in the action plan. During Q3 of 2004, DCI had 22 inmates test positive for THC, 3 test positive for Methamphetamines. During an investigation, it was discovered that the drugs were coming into the compound through non-contact visiting. During Q3 of 2004, DCC had THC coming into the compound from an outside work crew. Security staff has now been assigned to the crew.

**A.8.b.**



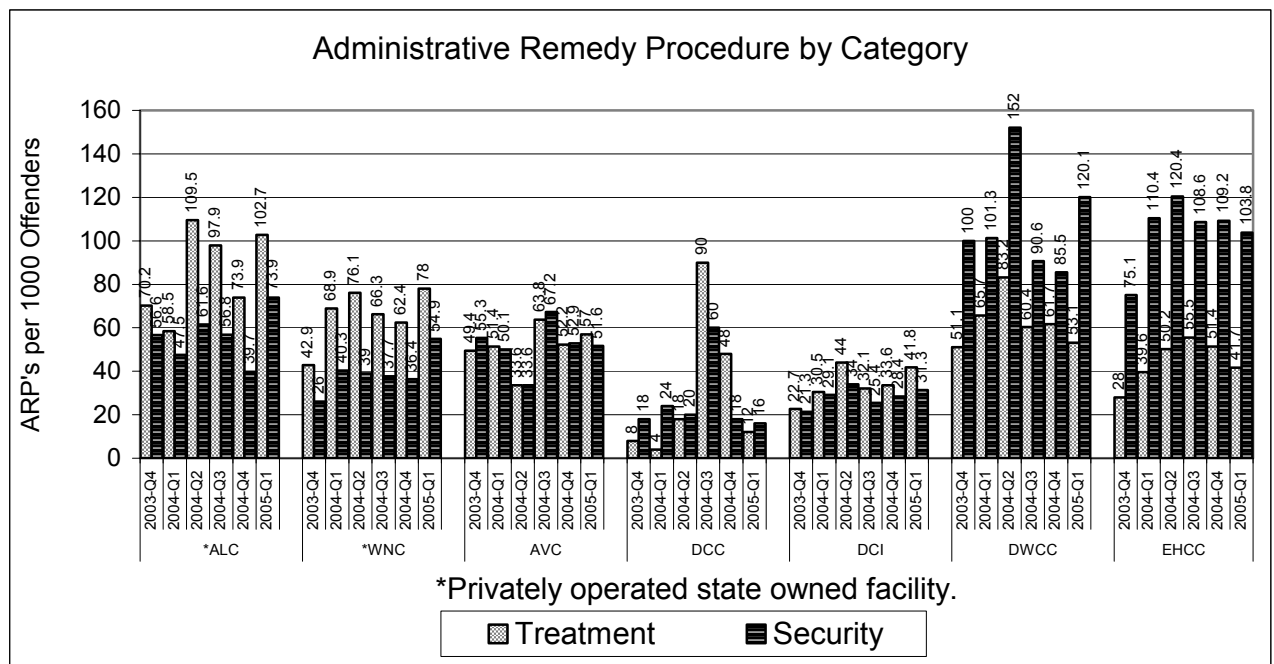


## 9. ADMINISTRATIVE REMEDY PROCEDURE

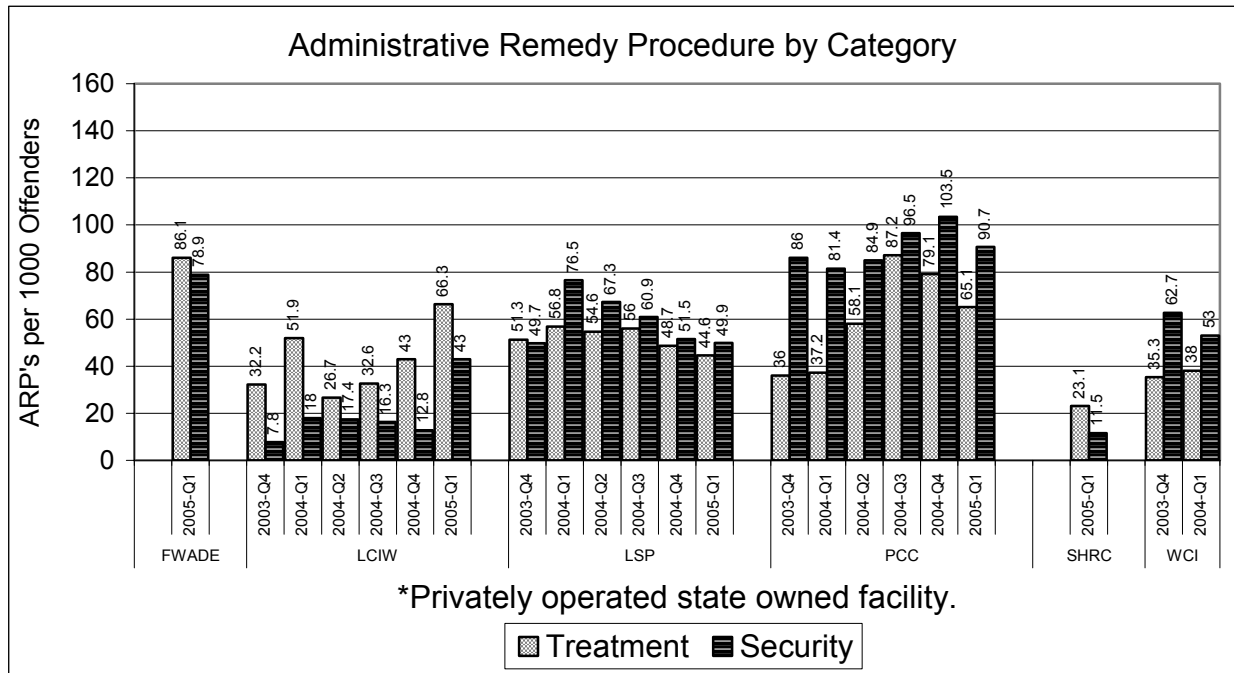
The Administrative Remedy Procedure (ARP) is a formal process through which an offender may seek review of a complaint that relates to any aspect of his incarceration if less formal methods have not resolved the matter. Such complaints include, but are not limited to, any and all claims seeking monetary, injunctive, declaratory, or any other form of relief authorized by law. This may include actions pertaining to conditions of confinement, personal injury, medical malpractice, time computation, and challenges to rules or policies. An offender is required to use the procedure before they can proceed with a lawsuit.

Charts **A.9.a.i.** thru **A.9.a.ii.** depict the number of ARPs categorized by treatment, security, administrative and property subject. Chart **A.9.b.** depicts those granted by the Secretary and Warden. Most of the ARPs granted for PCC were involving publications with sexual content. WNC resolves the majority of their ARPs at the 1<sup>st</sup> response level. DWCC had 2 ARPs granted in the Q3 of 2004 due to overcharging for drug test sticks. Additionally, there were 2 ARPs granted in part in the Q3 of 2004 where one inmate was reimbursed \$2 for medication and the other inmate was reimbursed for a second sick call on September 13, 2004.

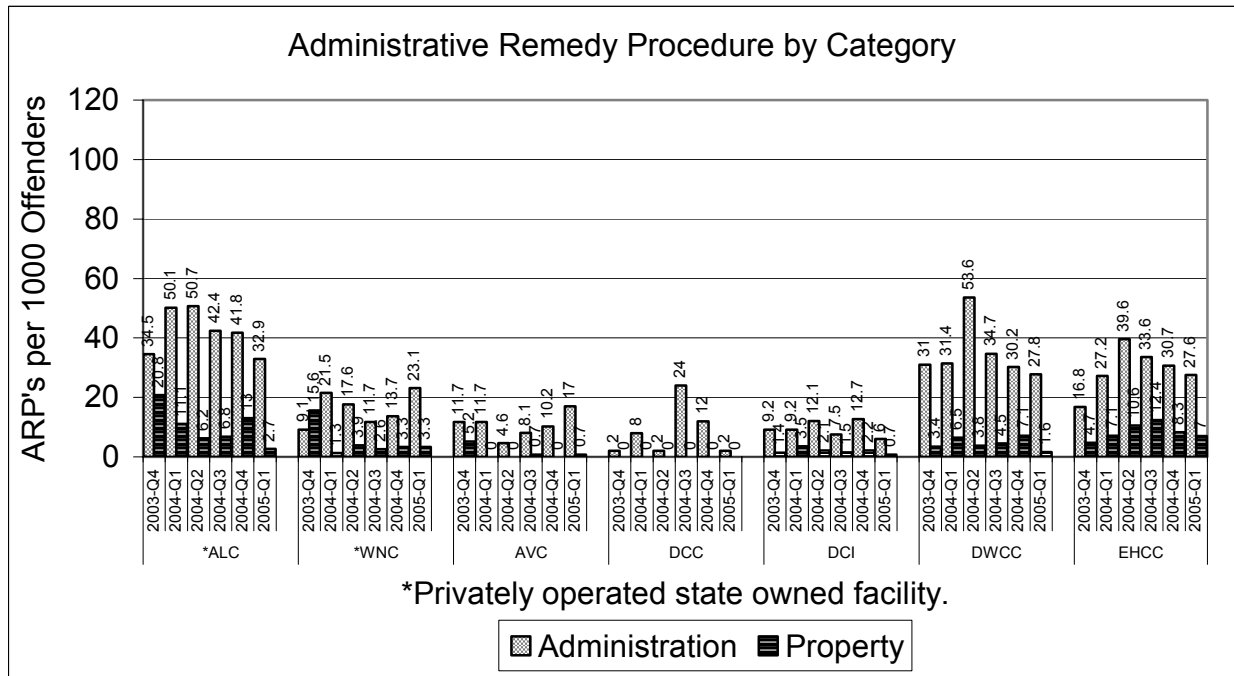
**A.9.a.i.(a)**



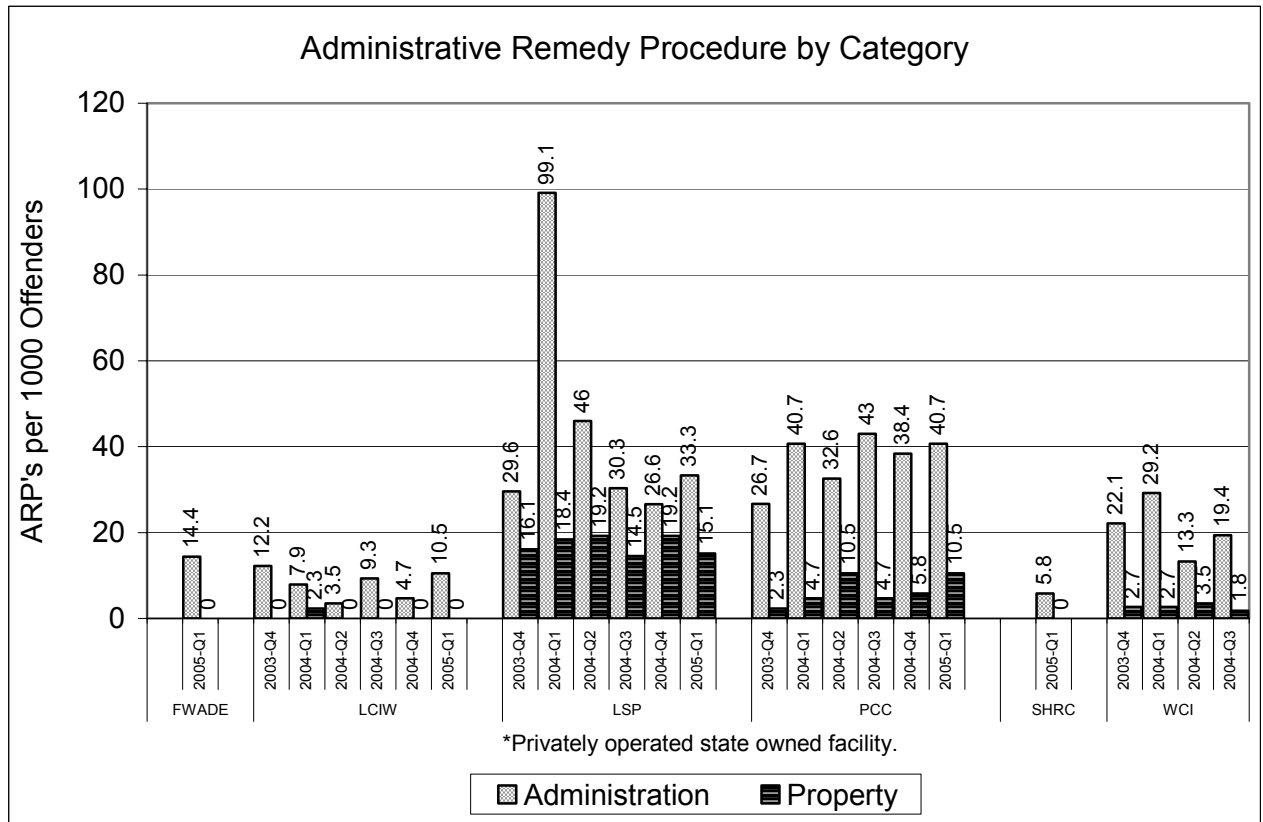
A.9.a.i.(b)



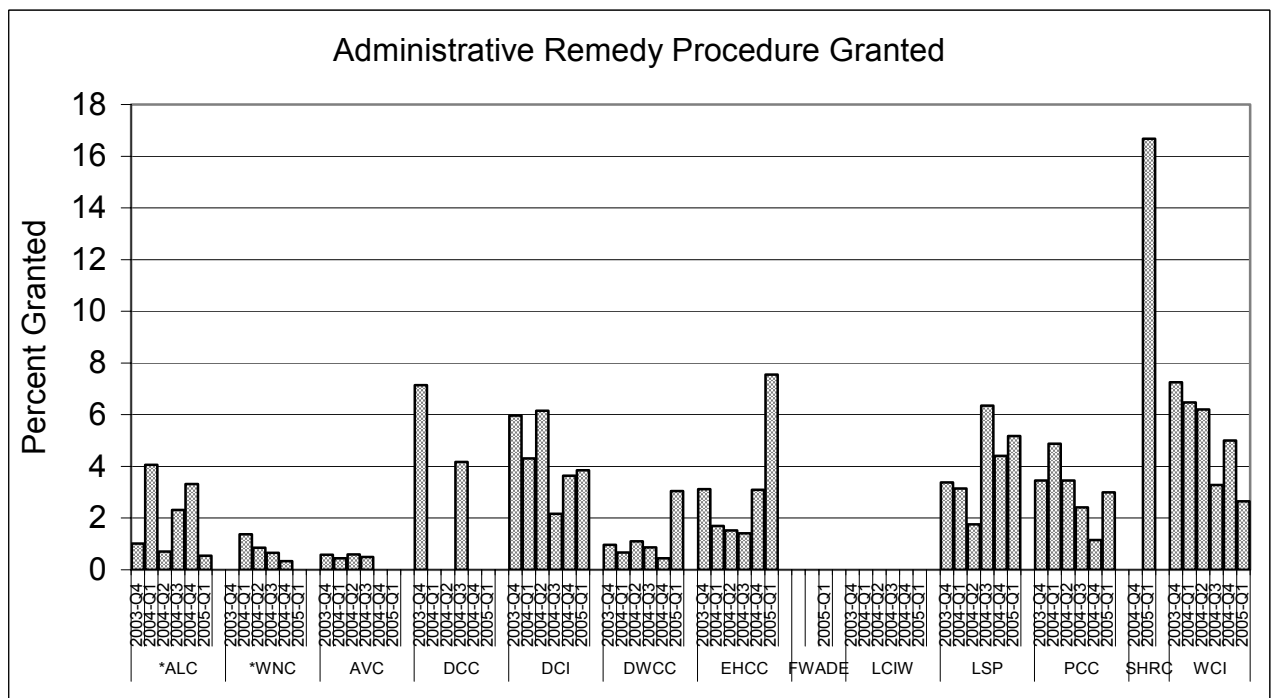
A.9.a.ii.(a)



A.9.a.ii.(b)



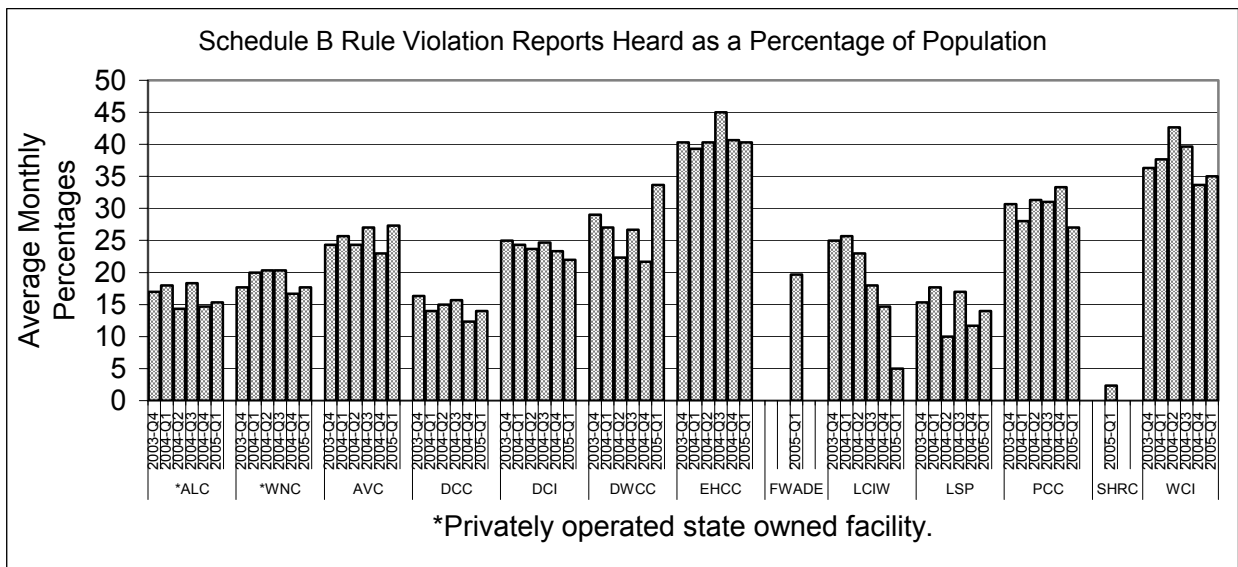
A.9.b.



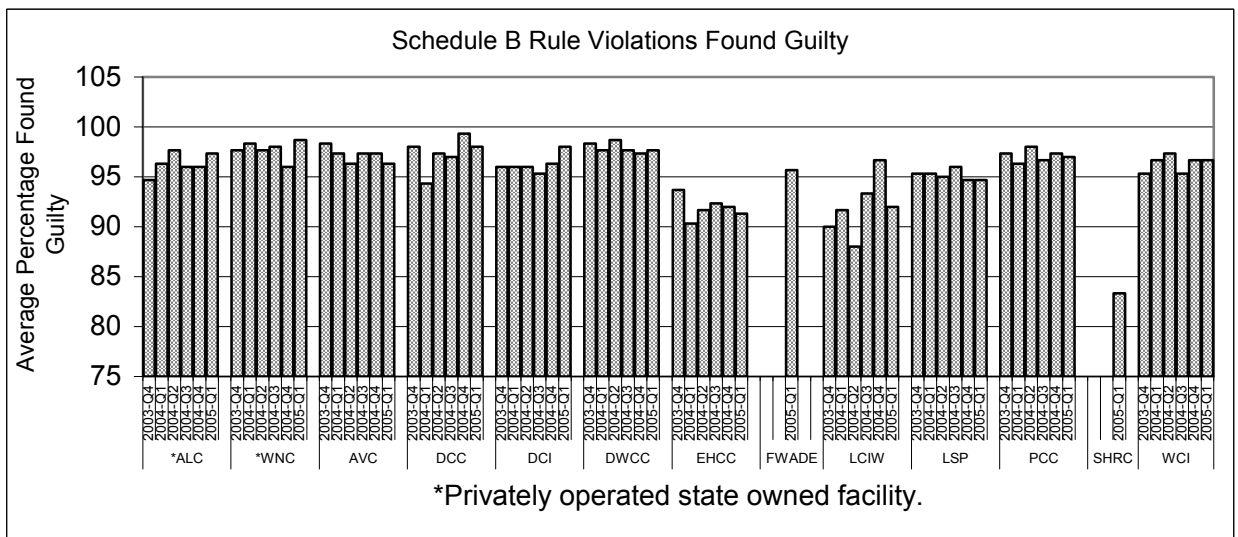
## 10. DISCIPLINARY ACTIVITY

Offenders are issued a handbook of disciplinary rules and procedures upon intake. These procedures are established to help provide structure and organization for the state facilities and framework within which the offender population can expect the disciplinary system to function. There is also a penalty schedule established to coincide with the severity of the infraction. Chart **A.10.a.** depicts serious rule infractions listed under Schedule B that are filed within the Department as a percentage of population. The below charts depict the number of Disciplinary Appeals filed and accepted, and those granted by the Secretary and Warden.

**A.10.a.**



**A.10.b.**



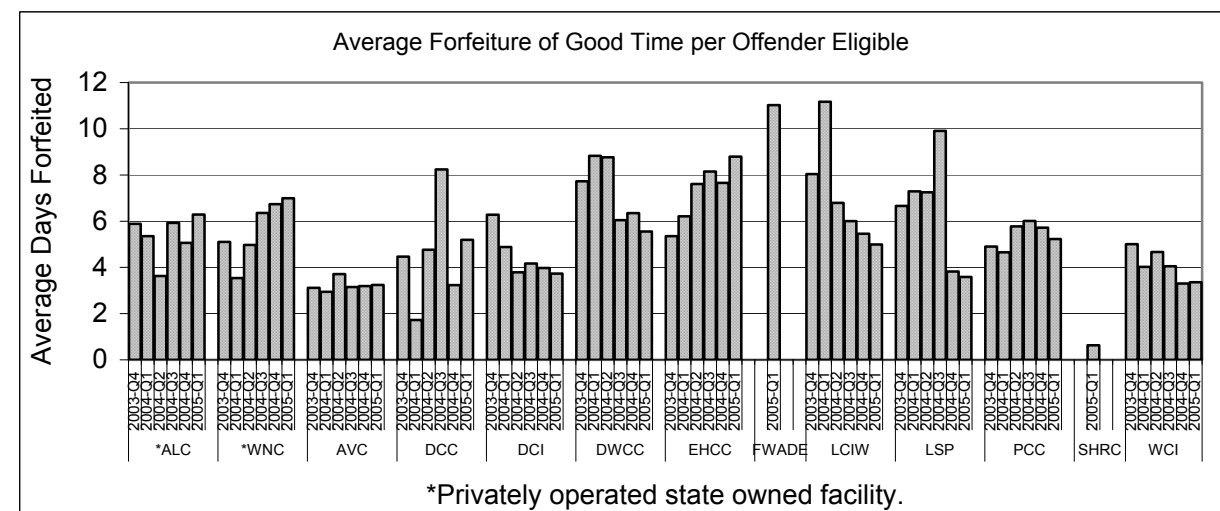
In accordance with La. R.S. 15:571.3, chart **A.10.c.** depicts the percentage of offenders in state facilities that are **eligible to earn diminution of sentence** for good behavior. Approximately two thirds of the offender population located at LSP have **Life** sentences while others are statutorily ineligible to earn diminution of sentence.

Percentage of Population Eligible to Earn Diminution of Sentence

Facility	Percentage
*ALC	73.94
*WNC	79.21
AVC	72.02
DCC	92.12
DCI	76.25
DWCC	79.54
EHCC	65.98
FWADE	86.4
LCIW	69.48
LSP	20.38
PCC	73.47
SHRC	96.26
WCI	64.88

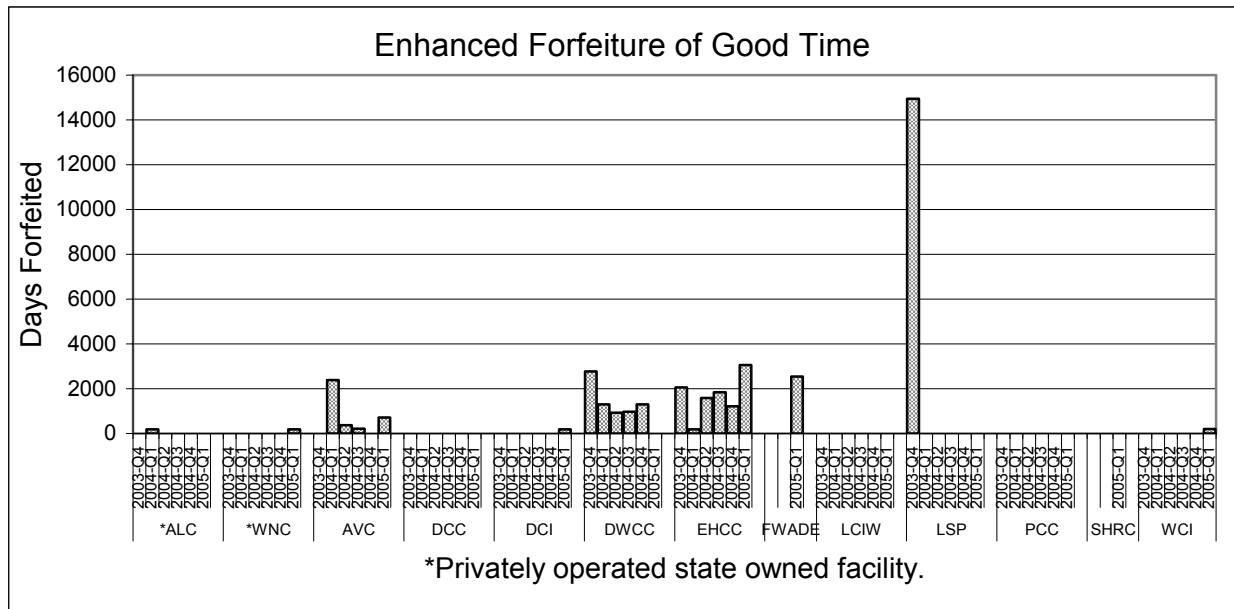
\*Privately operated state owned facility.

**A.10.d.**



An offender who commits an escape may forfeit all good time earned on the portion of his sentence served prior to his escape. DWCC (excluding Q1 of 2005), EHCC, LCIW and FWCC depict forfeiture of good time for offenders who have escaped from local jails and work release facilities. EHCC also depicts forfeiture of good time for an escape from LTC, Port Allen in May of 2004. LSP depicts good time forfeited during Q4 of 2003 by two offenders that escaped in September. AVC depicts escapes from work release facilities in which the Disciplinary Board hearing was held at the facility.

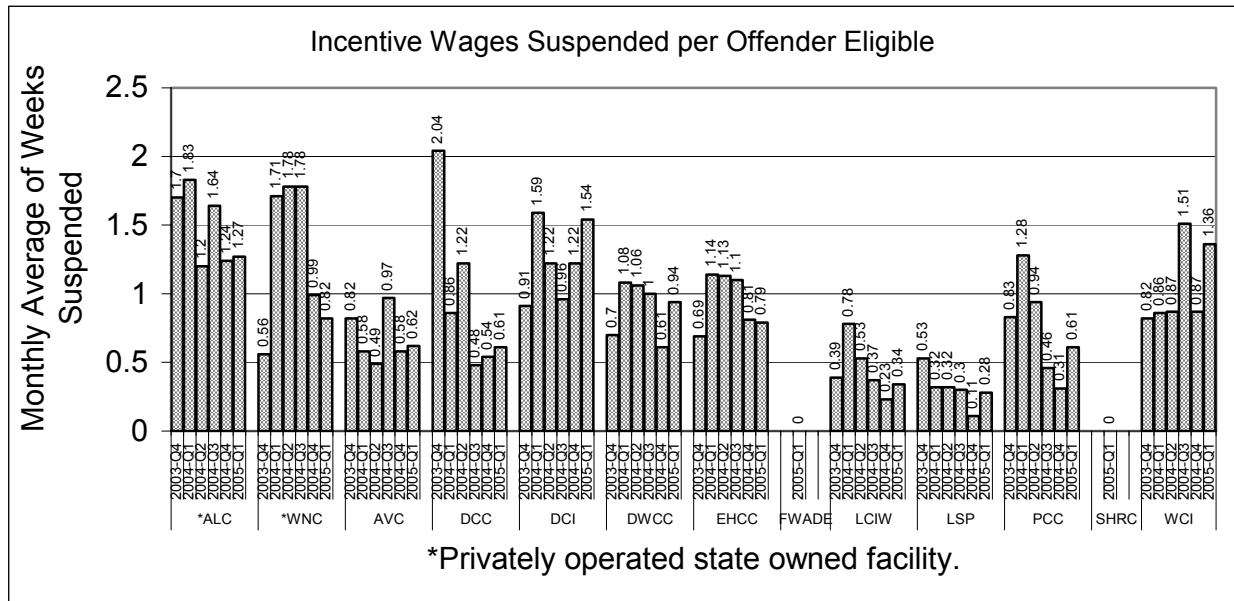
#### A.10.e.



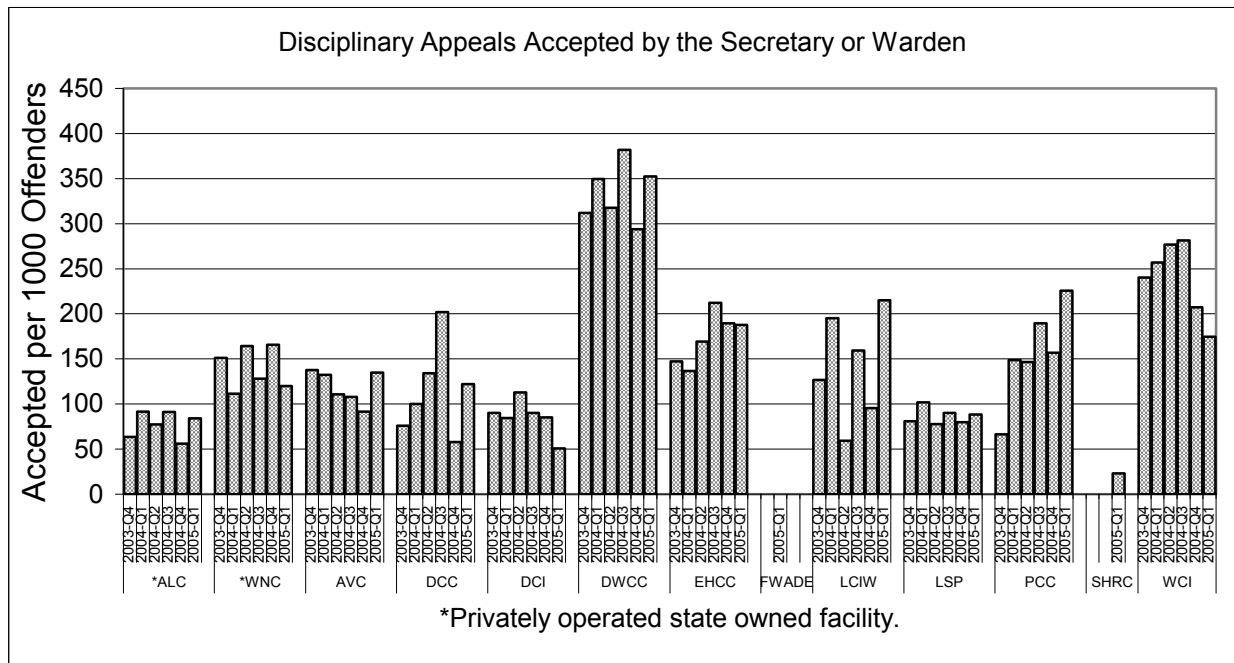
### Loss of Incentive Wages

Offenders found guilty of committing a serious rule violation can be disciplined with the suspension of up to one year's incentive wages.

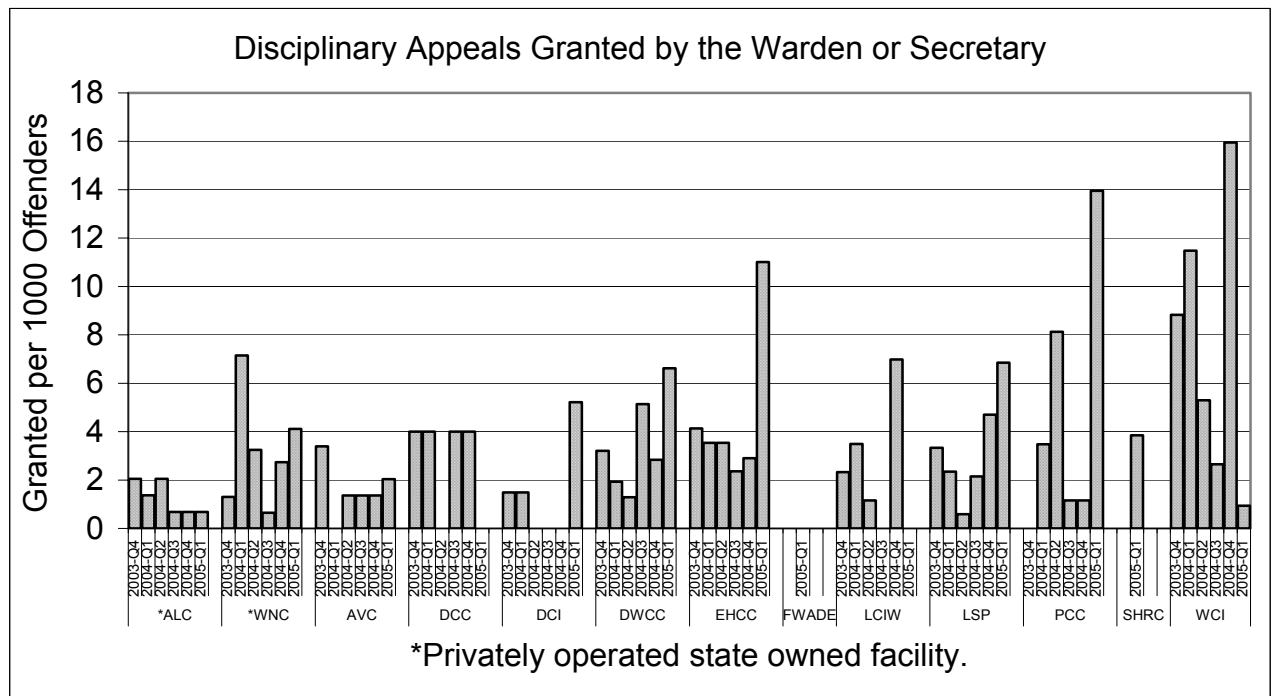
A.10.f.



A.10.g.



**A.10.h.**



**11. SUICIDES**

The extremely low rate of suicides can be attributed to training and staff development that provides employees with knowledge, skill, attitude and ability to recognize the symptoms of potentially suicidal offenders. In addition, management of self-destructive and suicidal offenders is conducted under the supervision and direction of qualified medical personnel and mental health professionals so as to enhance the Department's ability to prevent suicide. There was 1 suicide at DCI during Q3 of 2004.

**A.11.**

Suicide Rates per Quarter  
State Adult Secure Facilities

Year-Quarter	Per-1000 Inmates	# of Suicides
2003-Q4	0	0
2004-Q1	0	0
2004-Q2	0	0
2004-Q3	0.0571	1
2004-Q4	0	0
2005-Q1	0	0
Average Rate	.0085	.166

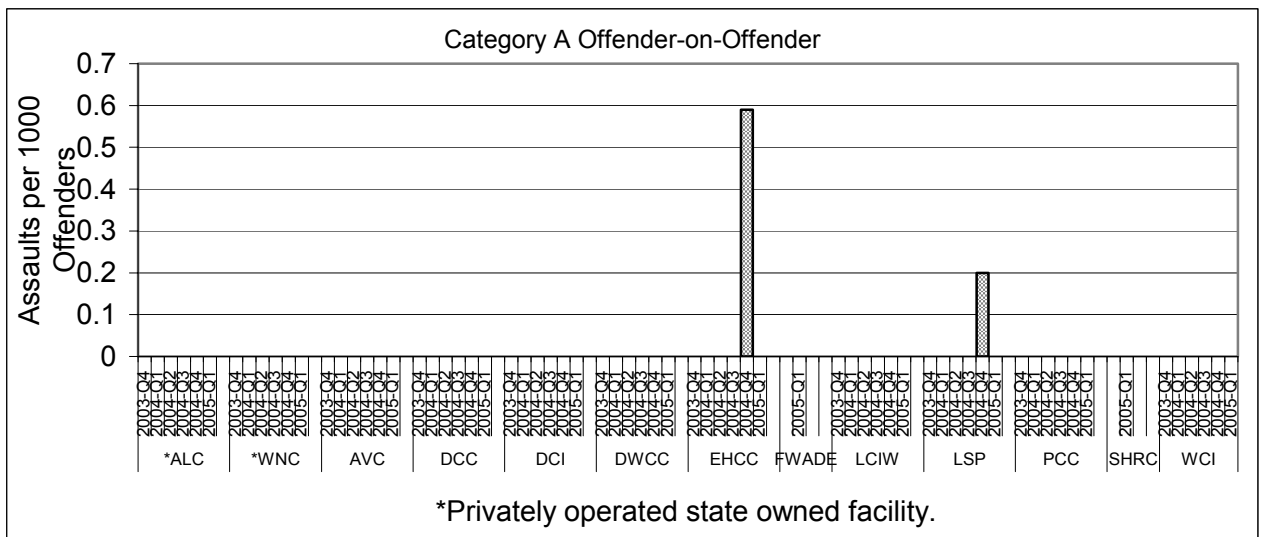


## 12. ASSAULTS

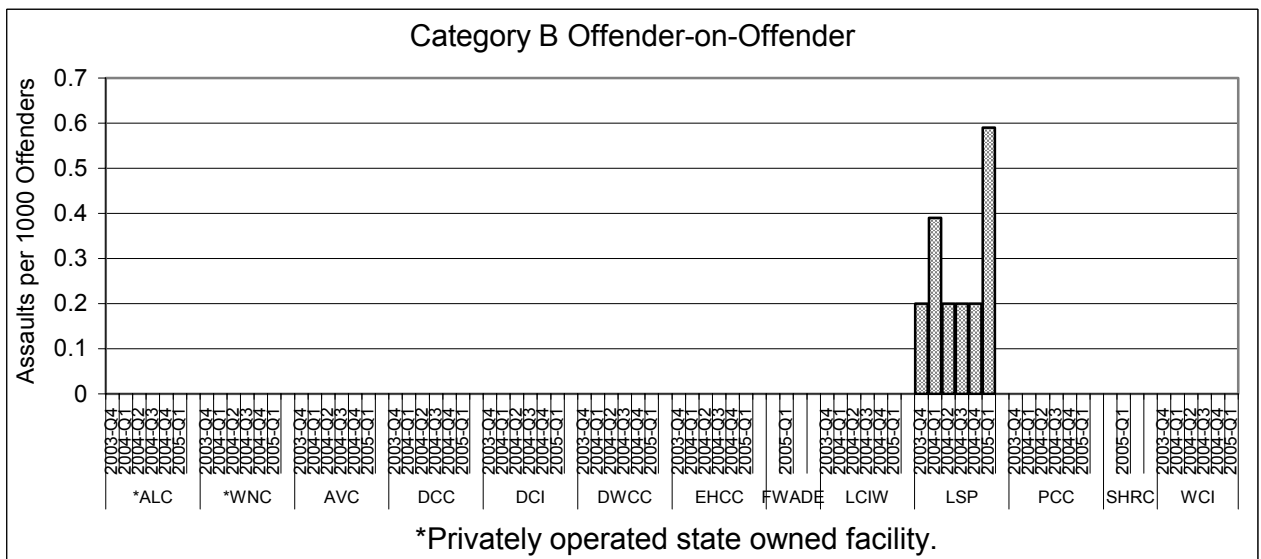
Assaults are categorized according to the level of injury sustained. Serious injury is defined as any injury that threatens an offender's life or limb, or one that requires urgent treatment by a doctor, or severely restricts the offender's usual activities or requires follow-up by a doctor. Category A assaults result in a serious injury that is life or limb threatening. Category B assaults result in a serious but not life or limb threatening injury. Category C assaults result in non-serious or no injury at all.

### Offender-on-Offender

#### A.12.a.

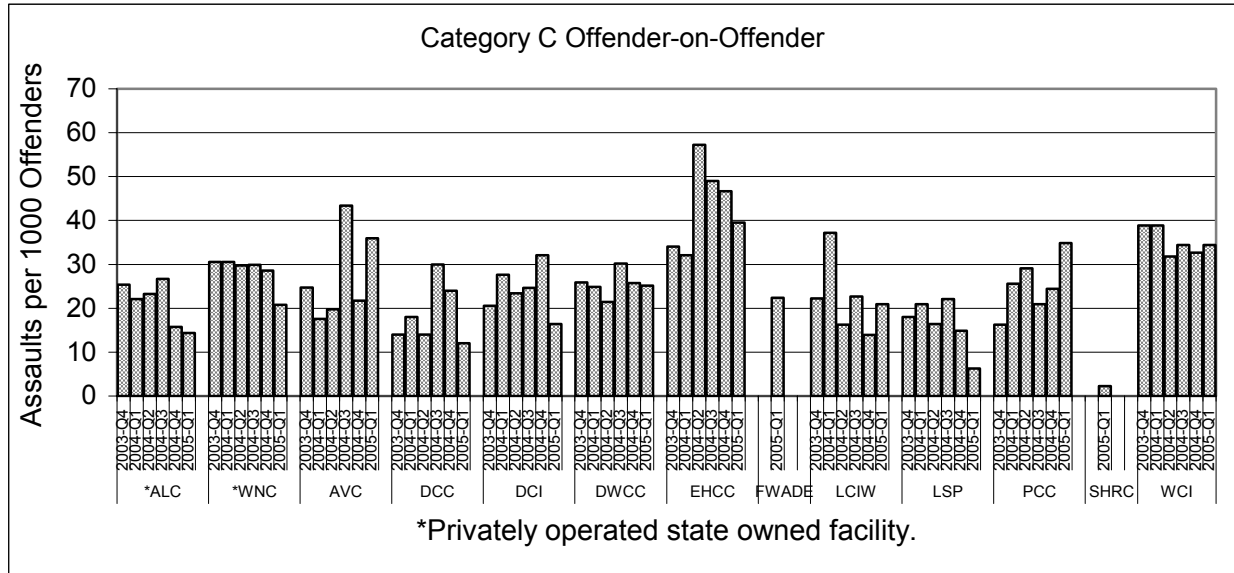


#### A.12.b.



WCI attributes high level of assaults on the significant number of Working Cell Block (WCB) inmates transferring into the facility and 26% of present population assignments to close custody (WCB, Extended lockdown, Transitional WCB Dorm).

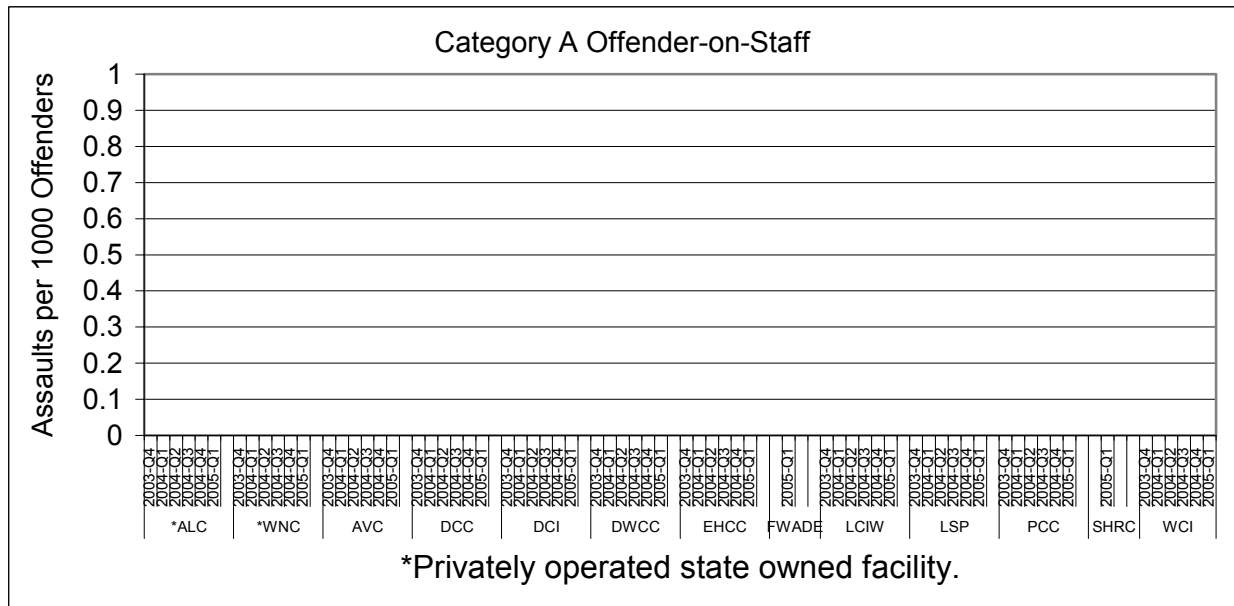
**A.12.c.**



**Offender-on-Staff**

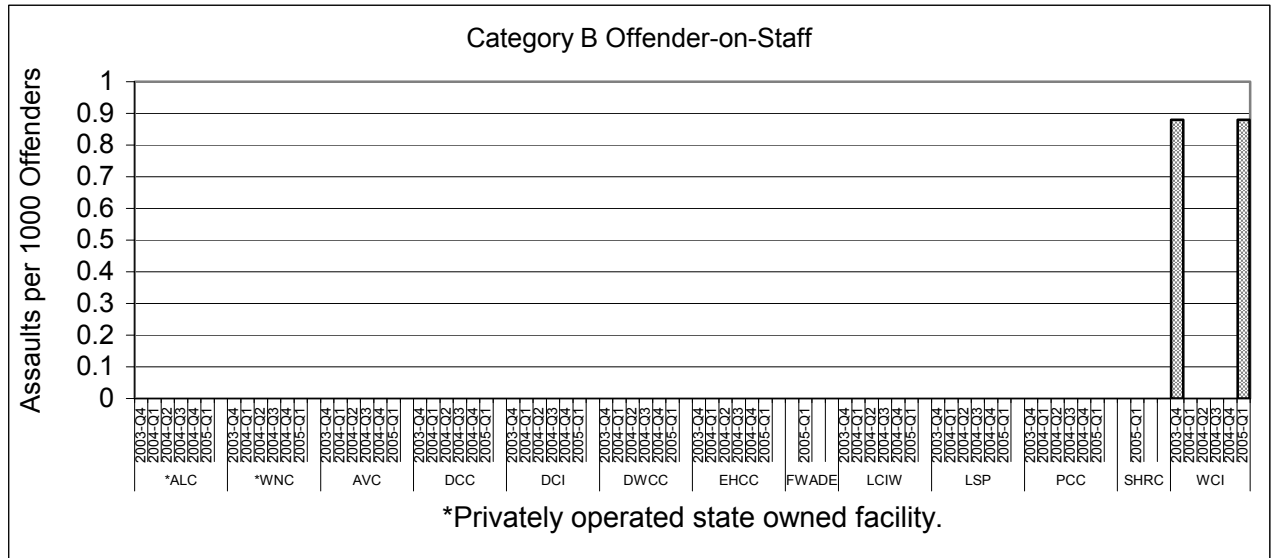
There were no Category A Offender-on-Staff assaults during the quarters depicted below.

**A.12.d.**



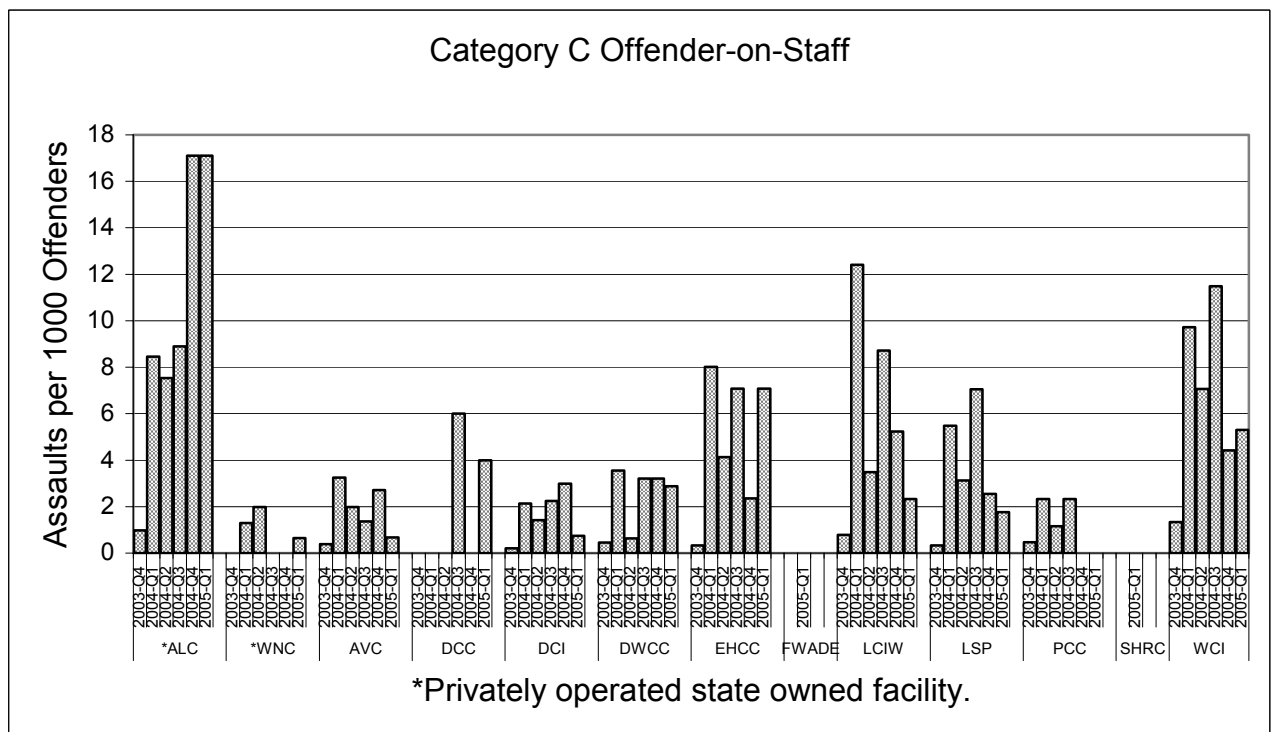
During Q1 of 2005 at WCI, an inmate assaulted an officer in a dormitory; the officer had previously found contraband on the inmate several months previously resulting in charges on the inmate.

**A.12.e.**



ALC advises that they have an increase in Category C Offender-on-Staff assaults due to increased incidents of offenders throwing liquids and spitting.

**A.12.f.**

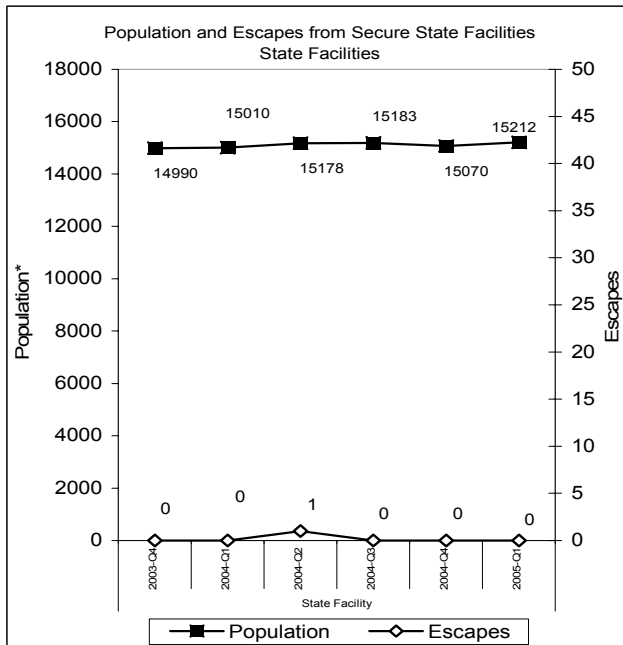


### 13. ESCAPES & APPREHENSIONS

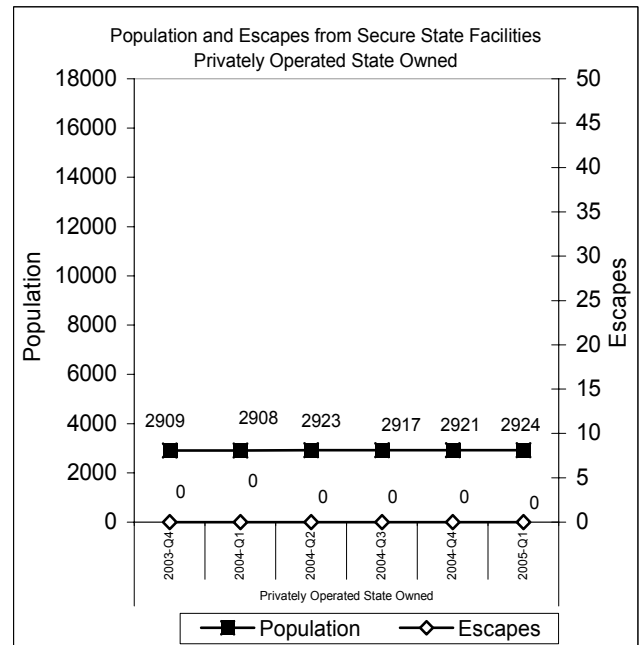
Charts **A.13.a.i.** through **A.13.a.ii.** depict the population and number of escapes from state and privately operated state owned facilities. Charts **A.13.b.** through **A.13.d.** depict the number of escapes and apprehensions that occurred at state, local jail and work release facilities. Since January of 2001, the Department has a 100% apprehension rate for escapes from secure state facilities.

#### Population and Escapes from Secure State Facilities

**A.13.a.i.**



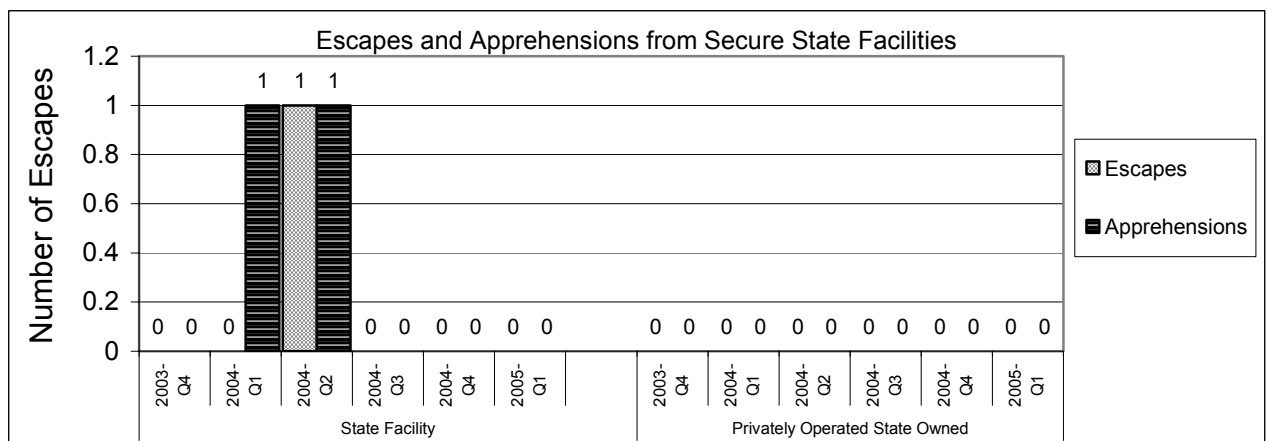
**A.13.a.ii.**



\* Population numbers do not include those inmates in work release and local jails.

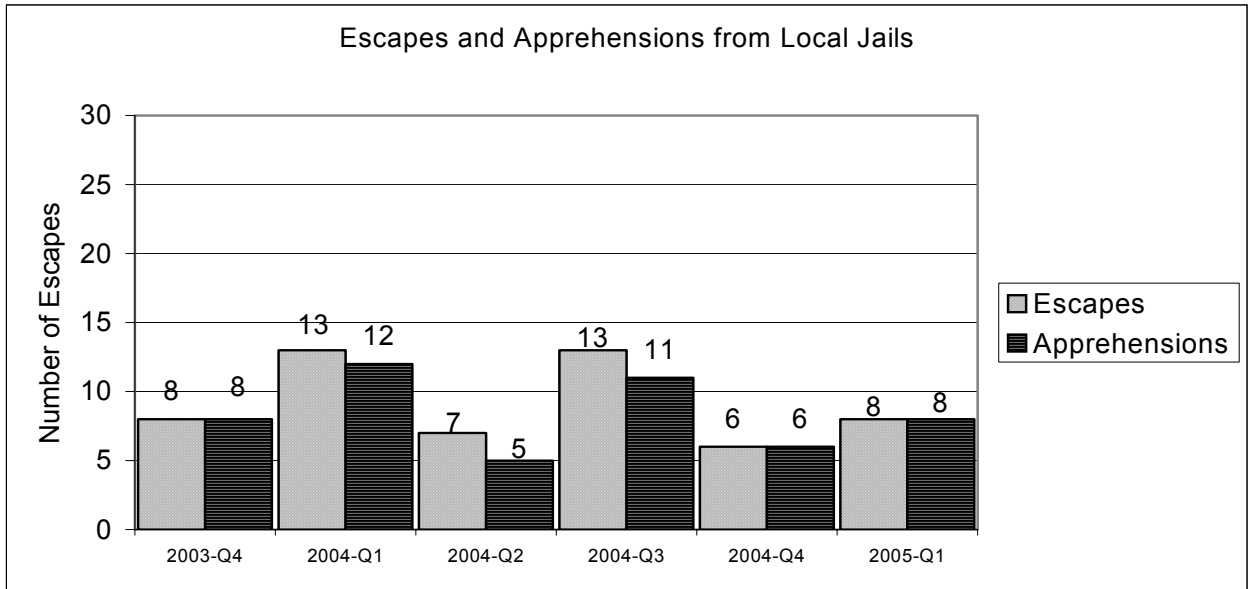
#### ESCAPES & APPREHENSIONS FROM SECURE STATE FACILITIES

**A.13.b.**



## ESCAPES & APPREHENSIONS FROM SECURE LOCAL JAIL FACILITIES

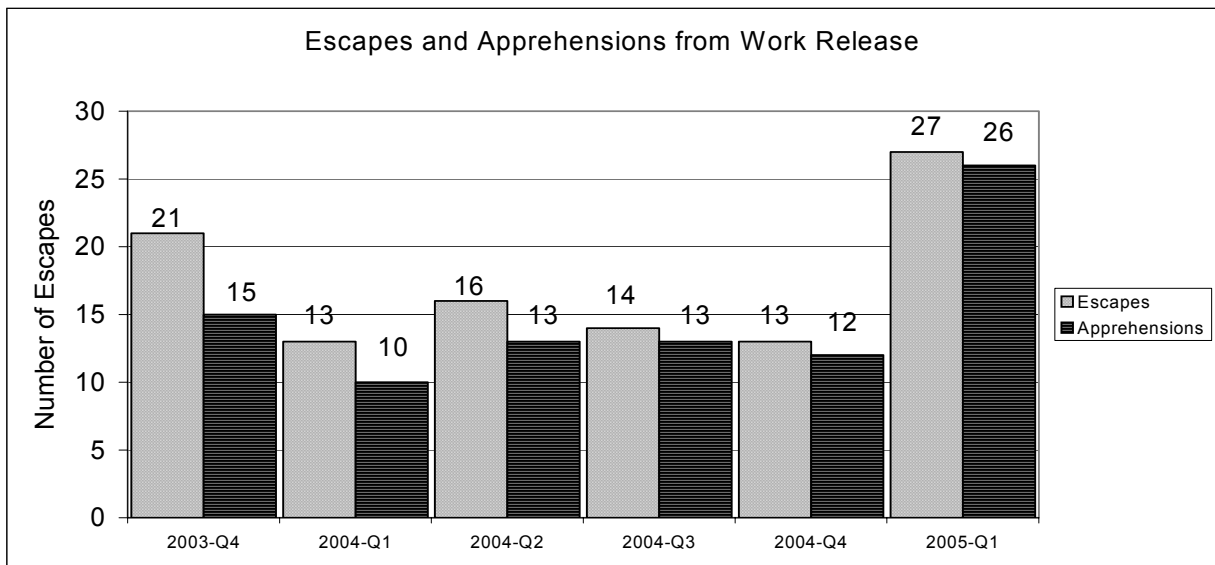
### A.13.c.



## ESCAPES & APPREHENSIONS FROM WORK RELEASE FACILITIES

Work release facilities are operated by both private providers and local law enforcement authorities that offer helpful opportunities for offenders to be reintegrated into the community. In accordance with La. R.S. 14:110A(2), an escape from a work release facility is defined as the failure to report or return from an offender's planned employment or other activity at the appointed time.

### A.13.d.



## 14. PRELIMINARY CLASSIFICATION OF OFFENDERS IN LOCAL JAIL FACILITIES

Files are assigned based on the Parish of conviction of the offender. If the offender transfers from one parish jail to another and changes preclass regions the file is not transferred to the new region until the parish of conviction region has completed the file. The file is completed once the offender is ready for intake with time computation.

### As of March 31, 2005:

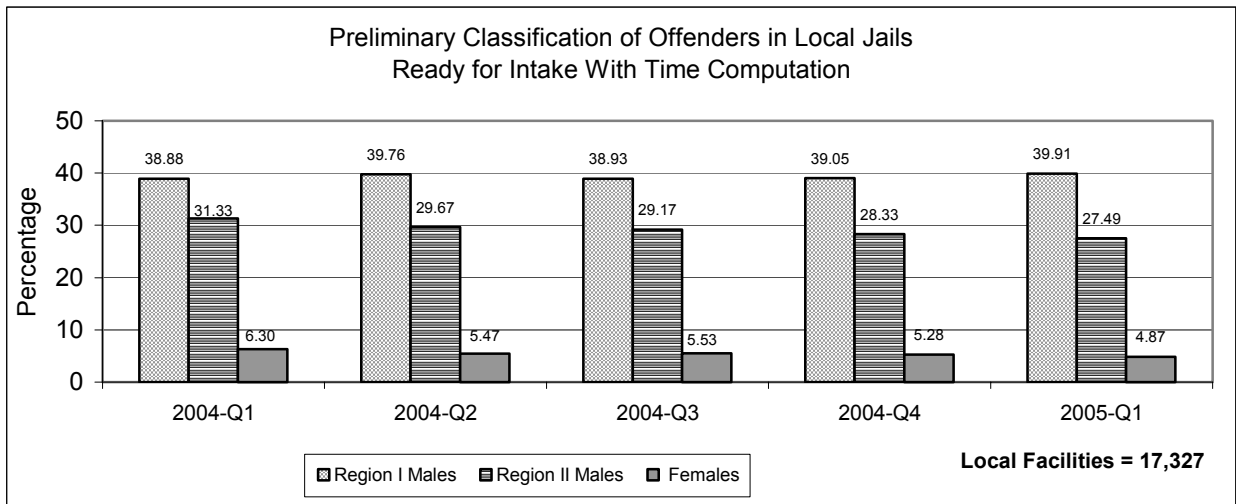
50.9% located in Region I - Males  
40.7 % located in Region II - Males  
8.4% Females

### Admissions for 2004 by Parish of Conviction:

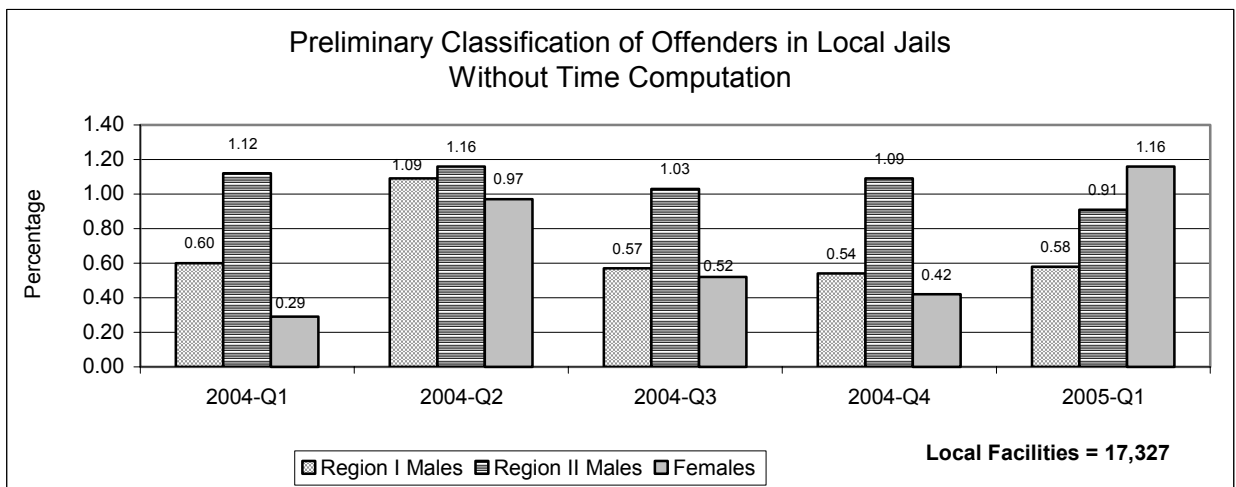
Region I Males - 25.4%  
Region II Males - 64%  
Females - 10.6%.

## PHYSICAL LOCATION

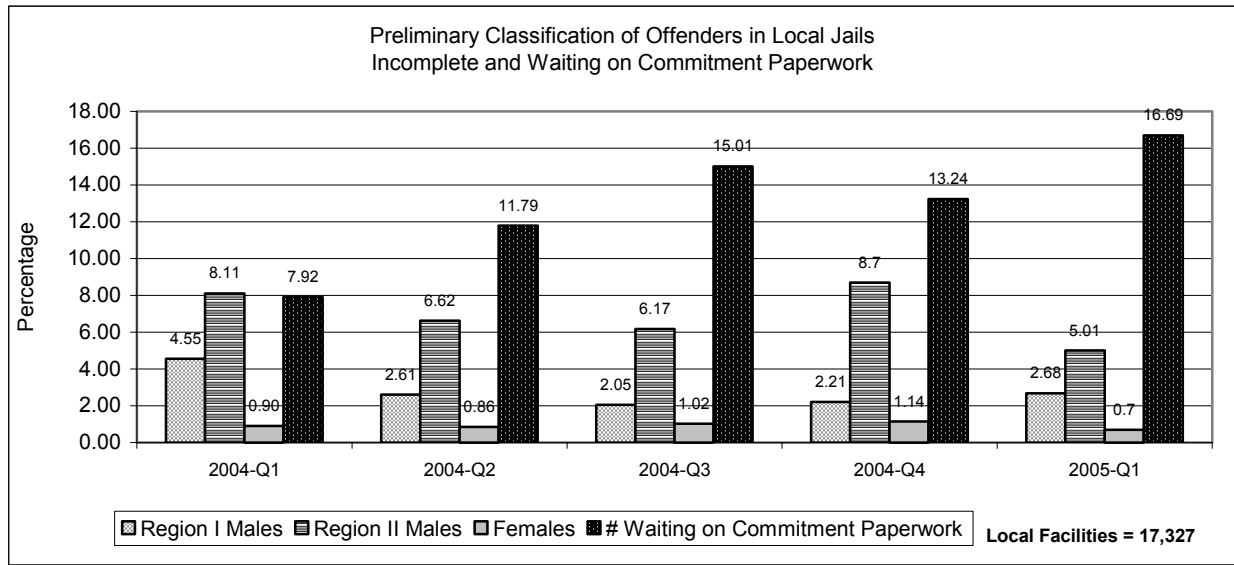
### A.14.a.i.



### A.14.a.ii.

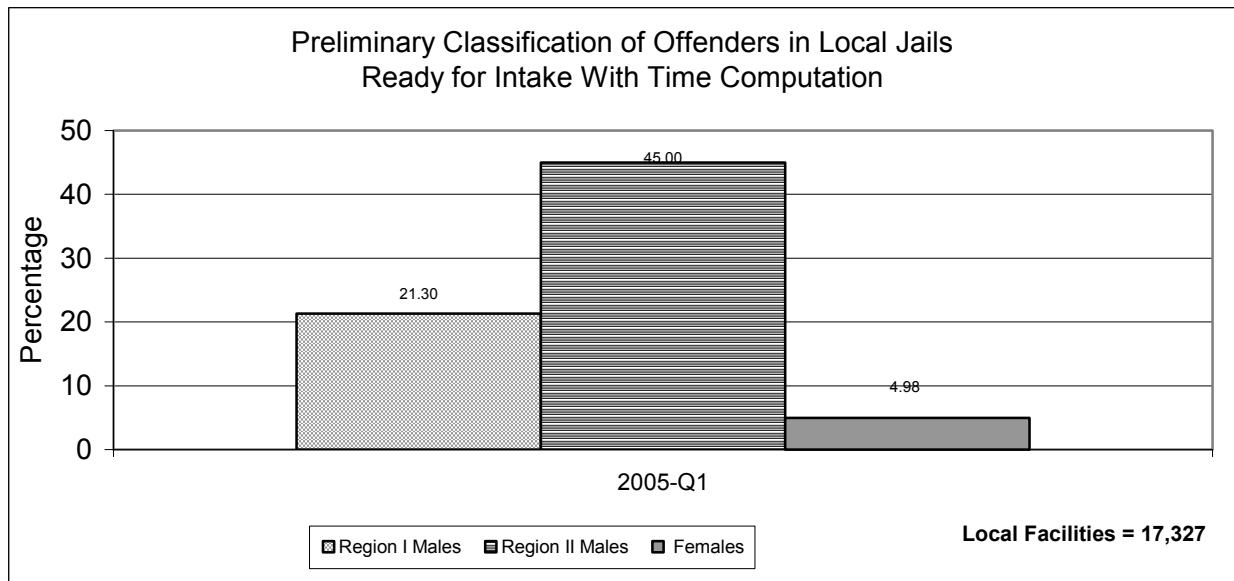


**A.14.a.ii.**

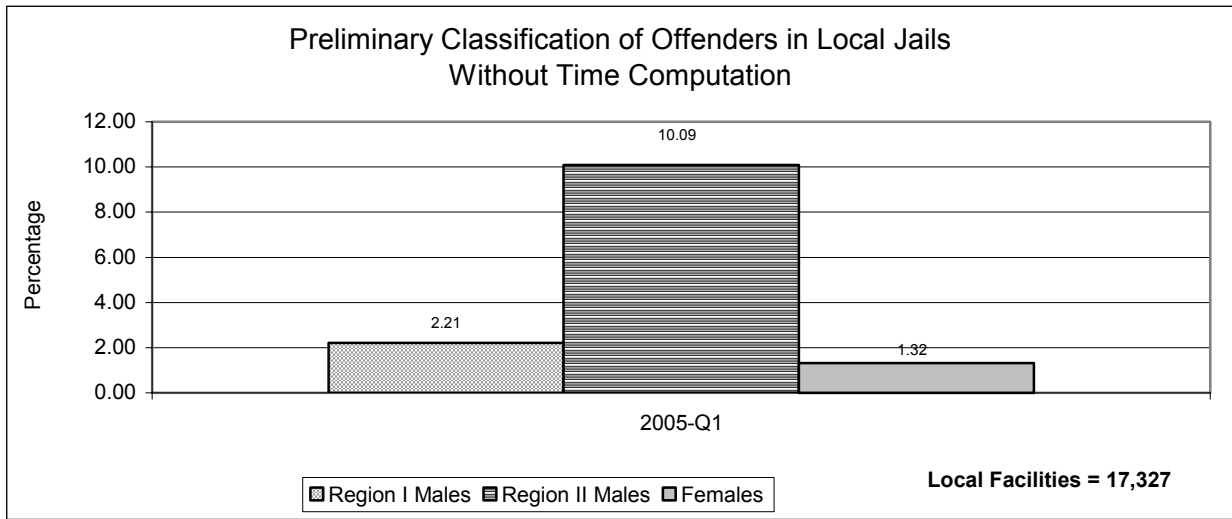


**PARISH OF CONVICTION**

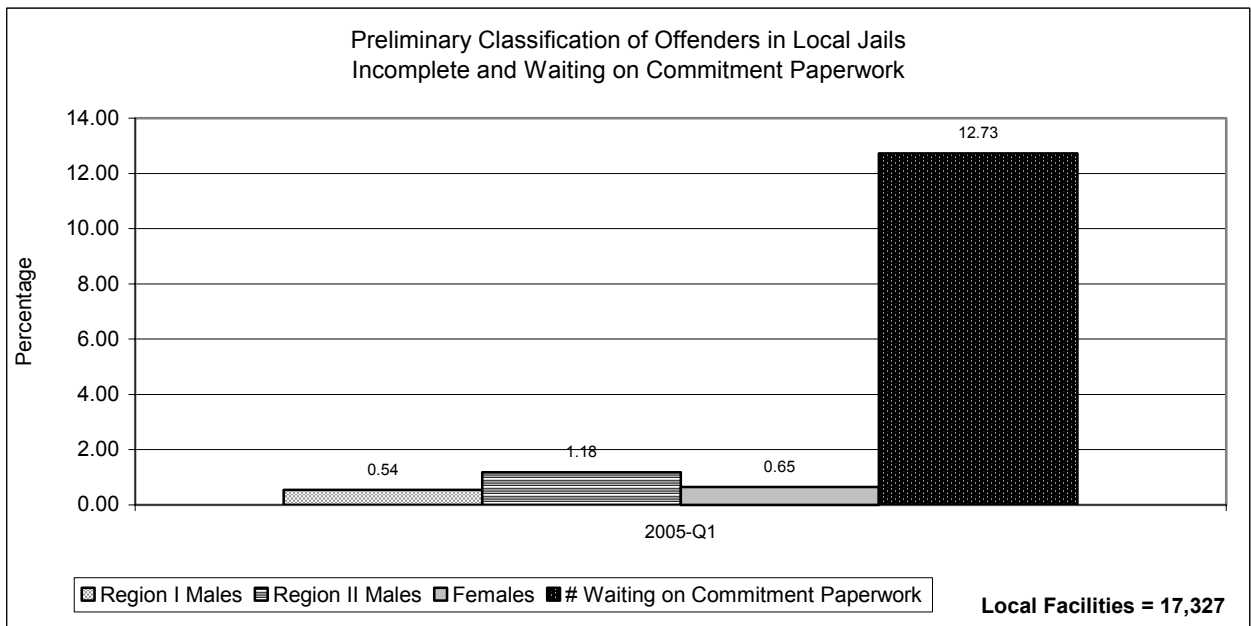
**A.14.b.i.**



**A.14.b.ii.**



**A.14.b.iii.**

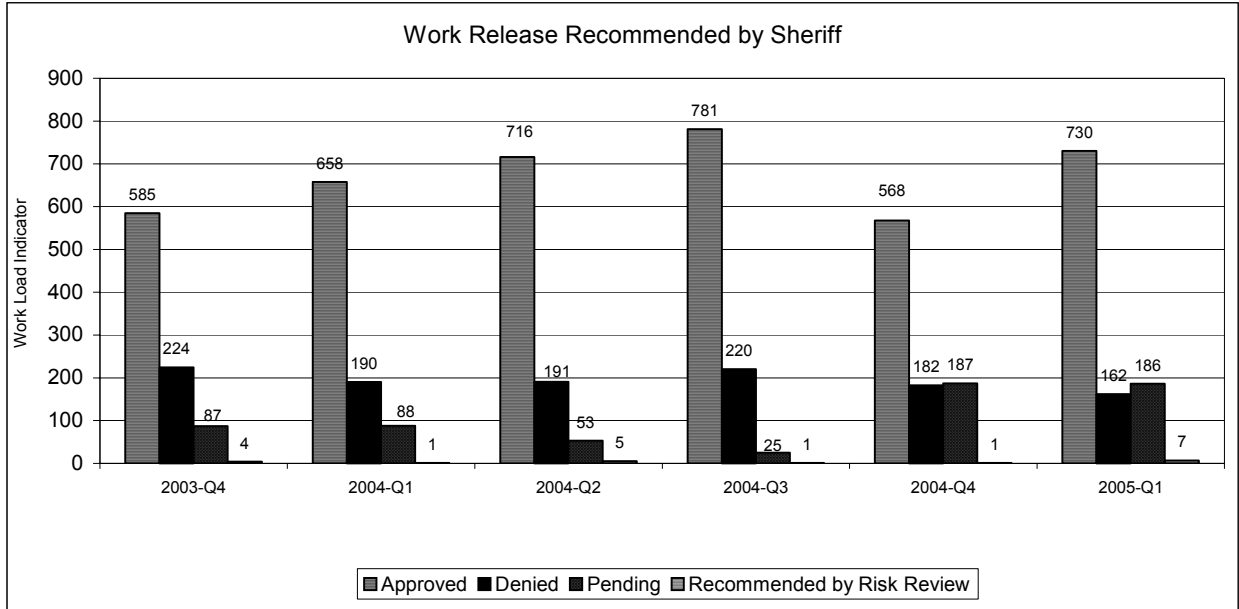




## 15. WORK RELEASE

The work release program is expanding to meet the needs of offenders reintegrating into the local communities while also providing support in the reduction of recidivism. Charts **A.15.a.** and **A.15.b.** depict the workload indicators of work release recommendations referred by the Sheriff's and state facilities. Chart **A.15.c.** depicts the average length of stay for inmates placed into the work release program.

**A.15.a.**



**A.15.b**

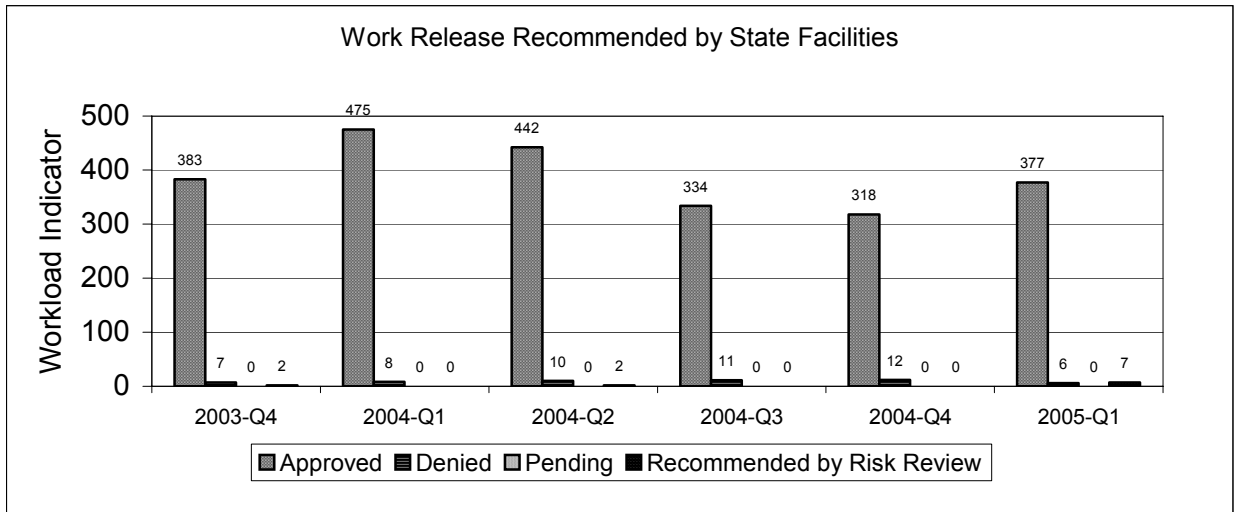
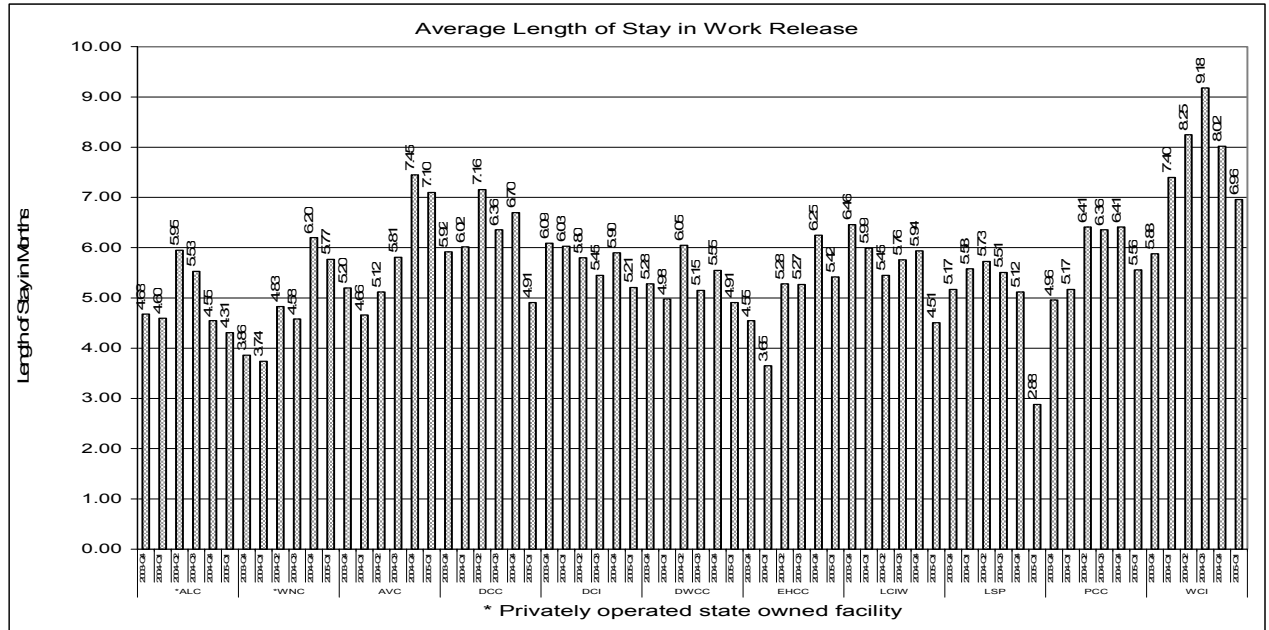


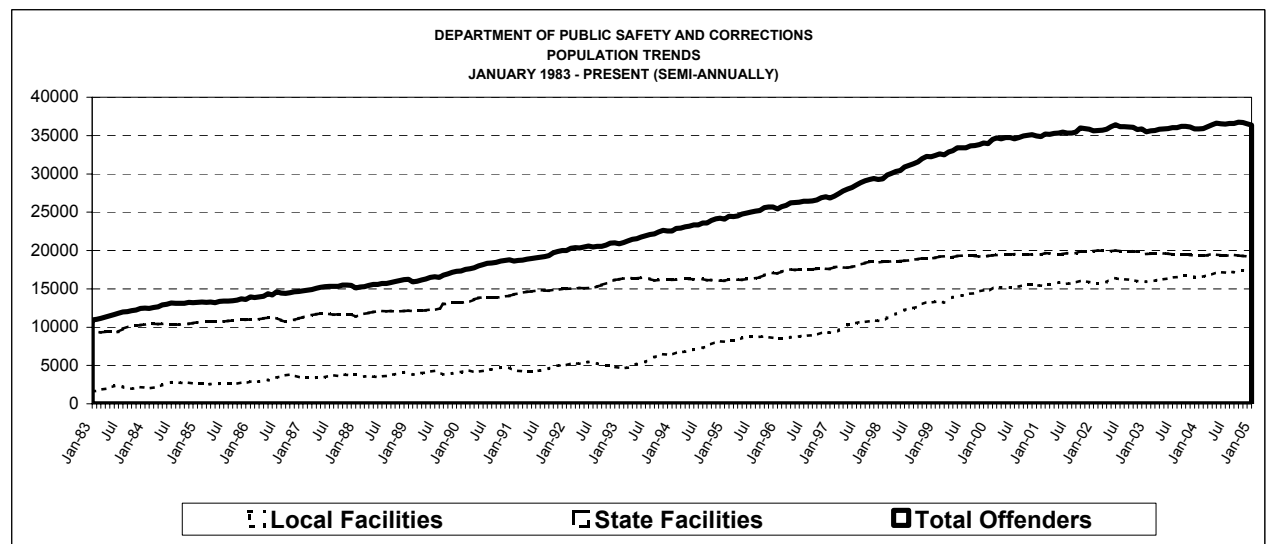
Chart **A.15.c.** depicts the average length of stay of those offenders participating in a work release program during the six months prior to the quarter. During Q1 of 2005, average length of stay at work release is down due to transfer of inmates who are very near or already eligible for work release when received at DCC. Transfer of these inmates out to work release, in turn, increases the need for status reductions to DCC.

**A.15.c.**



## 16. POPULATION TRENDS

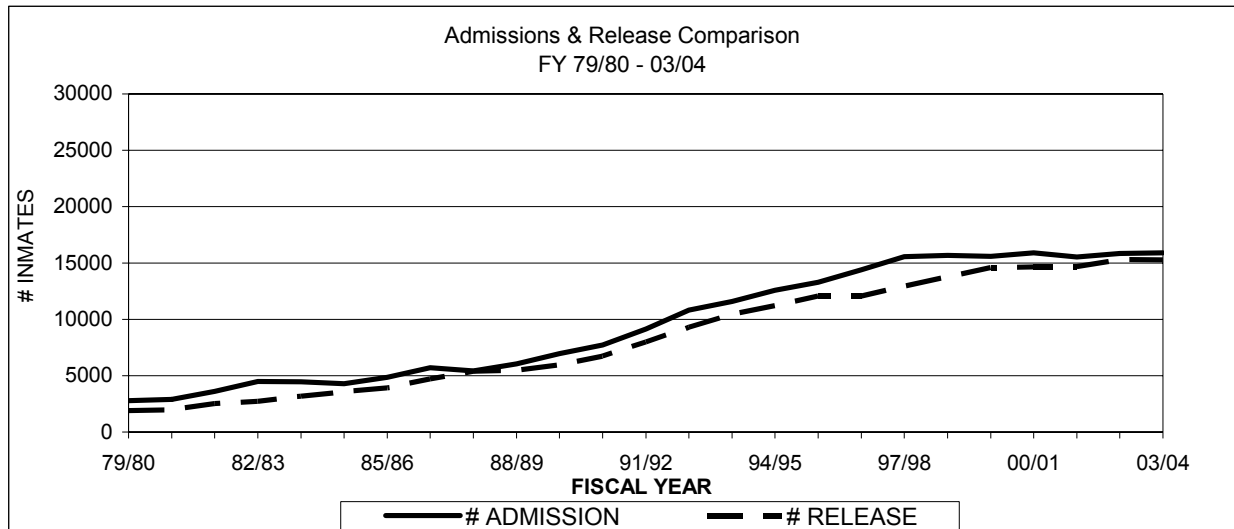
**A.16.a.**



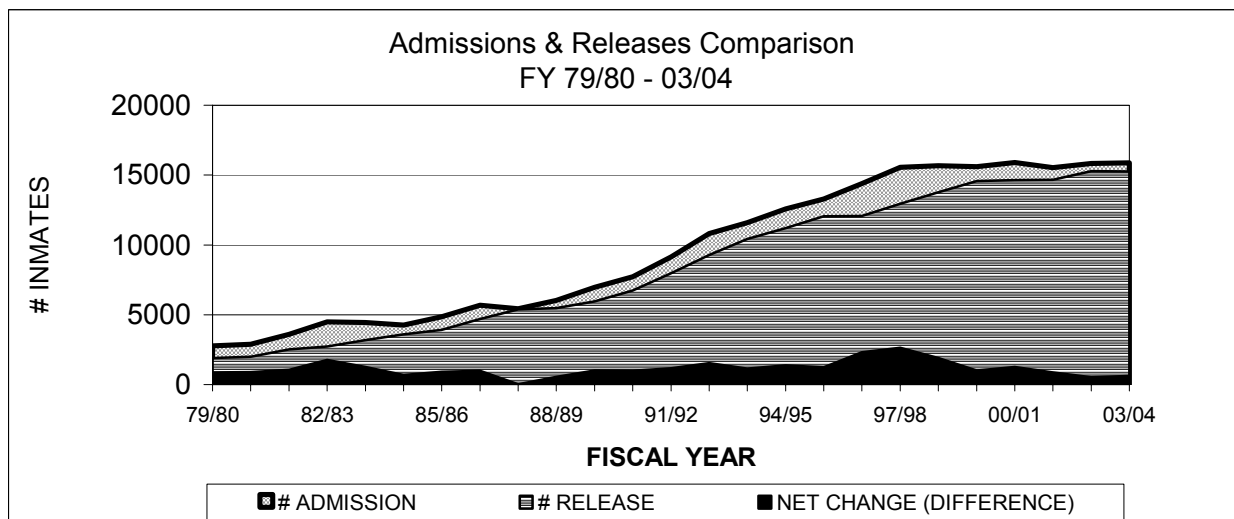
\* Effective 07/01/02, current state offender populations are based on assigned capacity from the Hunt Correctional Center Weekly Census.

\*\*Beginning 7/01/02, projections are based on the Adult Inmate Population Projection Report provided by George Washington University.

**A.16.b.**



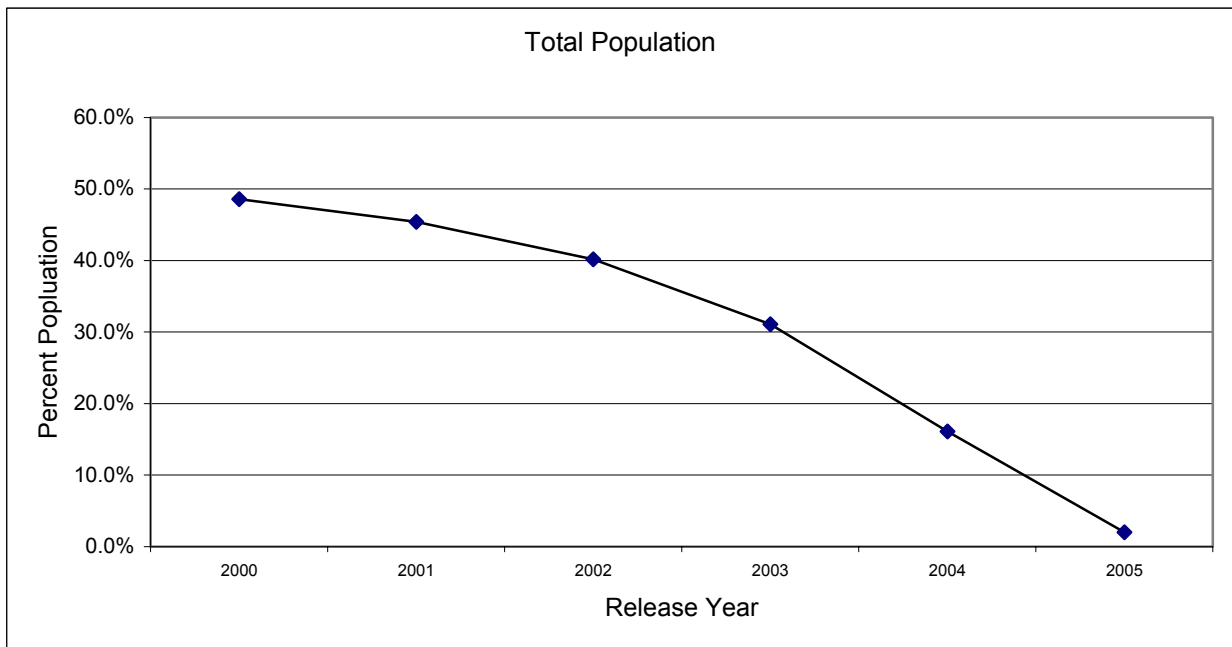
**A.16.c.**



## 17. RECIDIVISM IN ADULT CORRECTIONS

Recidivism is defined as the return of an offender to custody following conviction for a new felony or technical revocation of supervision after having been released from incarceration through one of the following mechanisms: parole, goodtime, goodtime/parole supervision (diminution of sentence), full term, and other mechanisms such as conviction overturns, court orders, and releases to probation on a split sentence.

**A.17.a.**



**A.17.b.**

RELEASE YEAR	2000	2001	2002	2003	2004	2005
<b>TOTAL POPULATION</b>	<b>48.6</b>	<b>45.4</b>	<b>40.2</b>	<b>31.1</b>	<b>16.1</b>	<b>2.0</b>
STATE FACILITIES	49.1	44.0	39.4	28.1	12.8	1.1
LOCAL FACILITIES	49.3	46.8	41.6	32.7	16.9	2.0
WORK RELEASE	43.8	39.4	33.1	24.5	8.6	1.1
IMPACT*	38.8	37.2	27.1	21.3	6.6	1.1
ORLEANS BLUE WALTERS	42.9	49.0	41.6	30.8	12.1	0.0
TENSAS/BLUE WALTERS	42.9	49.0	41.6	30.8	12.1	0.0
PAROLE BOARD RELEASES	42.4	38.6	35.0	23.1	9.6	0.4
SEX OFFENDERS	49.8	50.3	44.7	33.7	18.9	3.6
EDUCATION	46.0	40.4	34.8	26.1	11.9	.5
JOB SKILLS (JSP)	44.8	41.7	34.5	25.4	11.6	.3
FAITH BASED	36.2	38.5	34.3	24.7	9.8	1.0
FEMALE	41.6	36.6	30.8	25.7	11.9	1.5

## 18. COST PER OFFENDER PER DAY

Chart **A.18.a.** depicts the budgeted cost per offender per day per Act 1 of the 2004 Regular Session for offenders housed in the nine state and two privately operated state owned facilities. The cost per offender per day is derived by dividing the facility's budget by 365 days and by the facility's operating capacity.

The budgeted cost per offender per day is \$35.14, one of the lowest in the nation. This average includes costs for Facilities, Adult Community Based Rehabilitation (ACBR) programs, and Sheriffs' Housing of State Inmates (SHSI).

**A.18.a.**

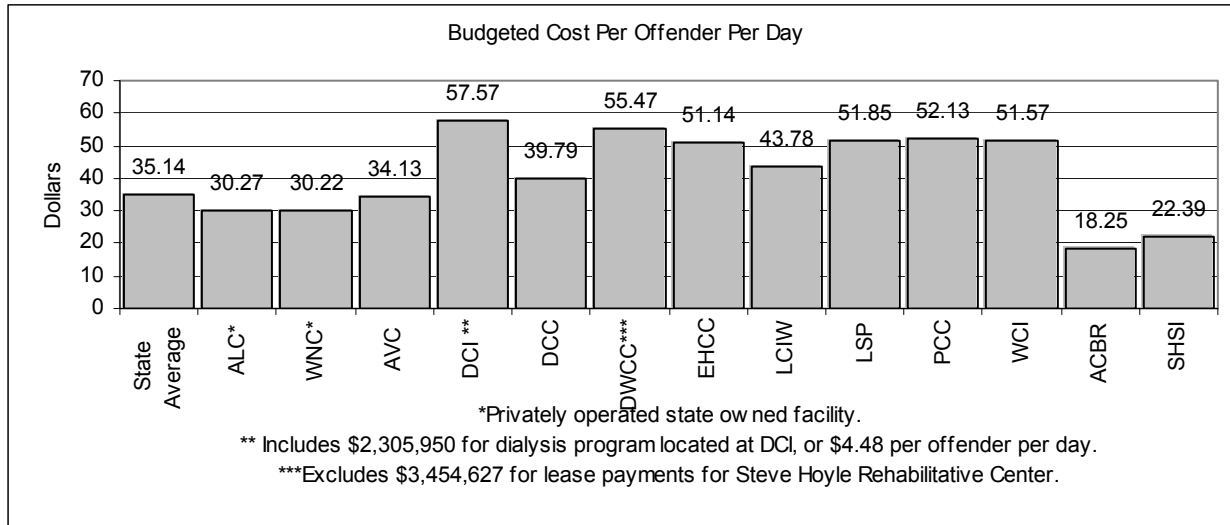
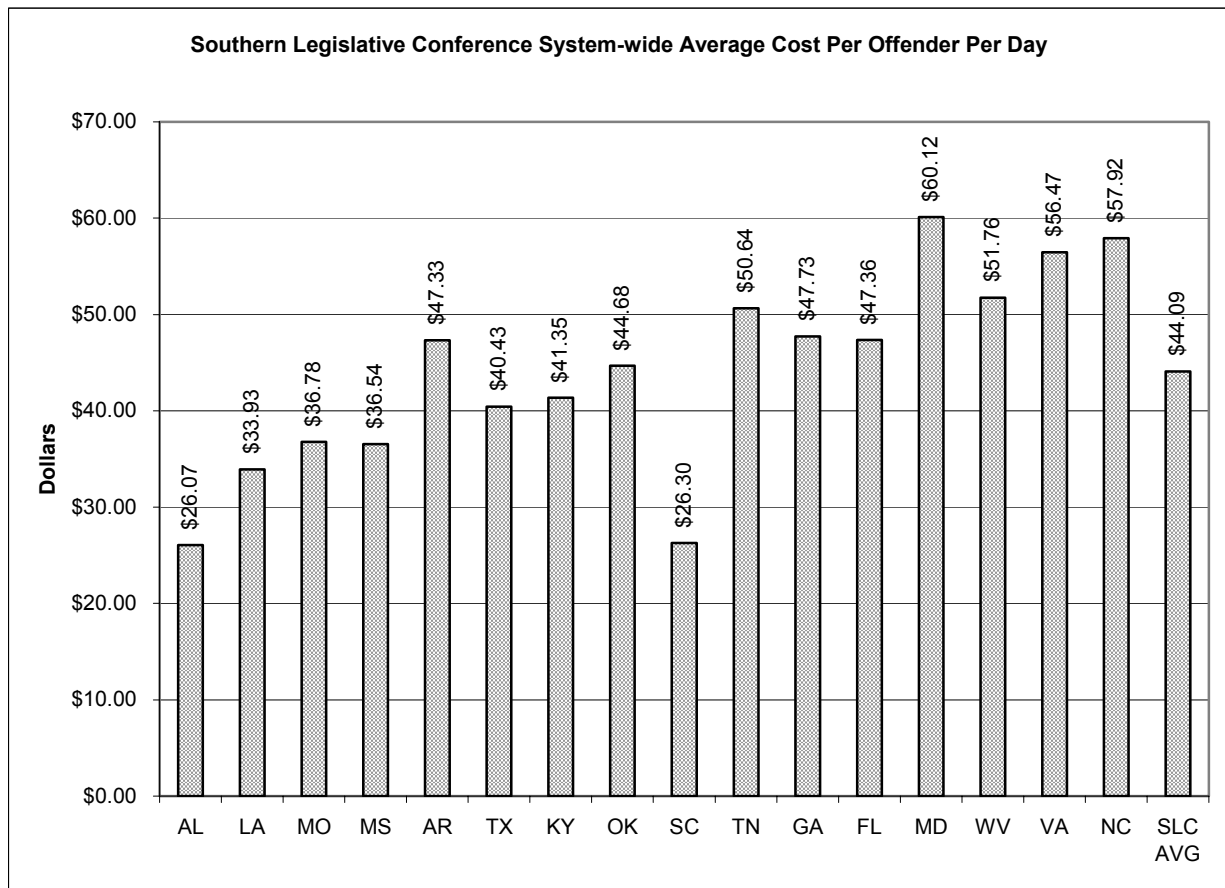


Chart **A.18.b.** depicts the FY 03-04 system wide average cost per offender per day for the sixteen Southern Legislative Conference states. Louisiana has the third lowest southern average cost per offender per day at \$33.93, which is approximately \$10.16 per offender per day less than the southern average of \$44.09 per offender per day. Annual operating costs include those attributed to each corrections department and do not include expenditures associated with non-corrections budget units for inmate support. The average calculation includes only those states that provided cost data. Chart **A.18.b.** was compiled by using data from the Louisiana Legislative Fiscal Office.

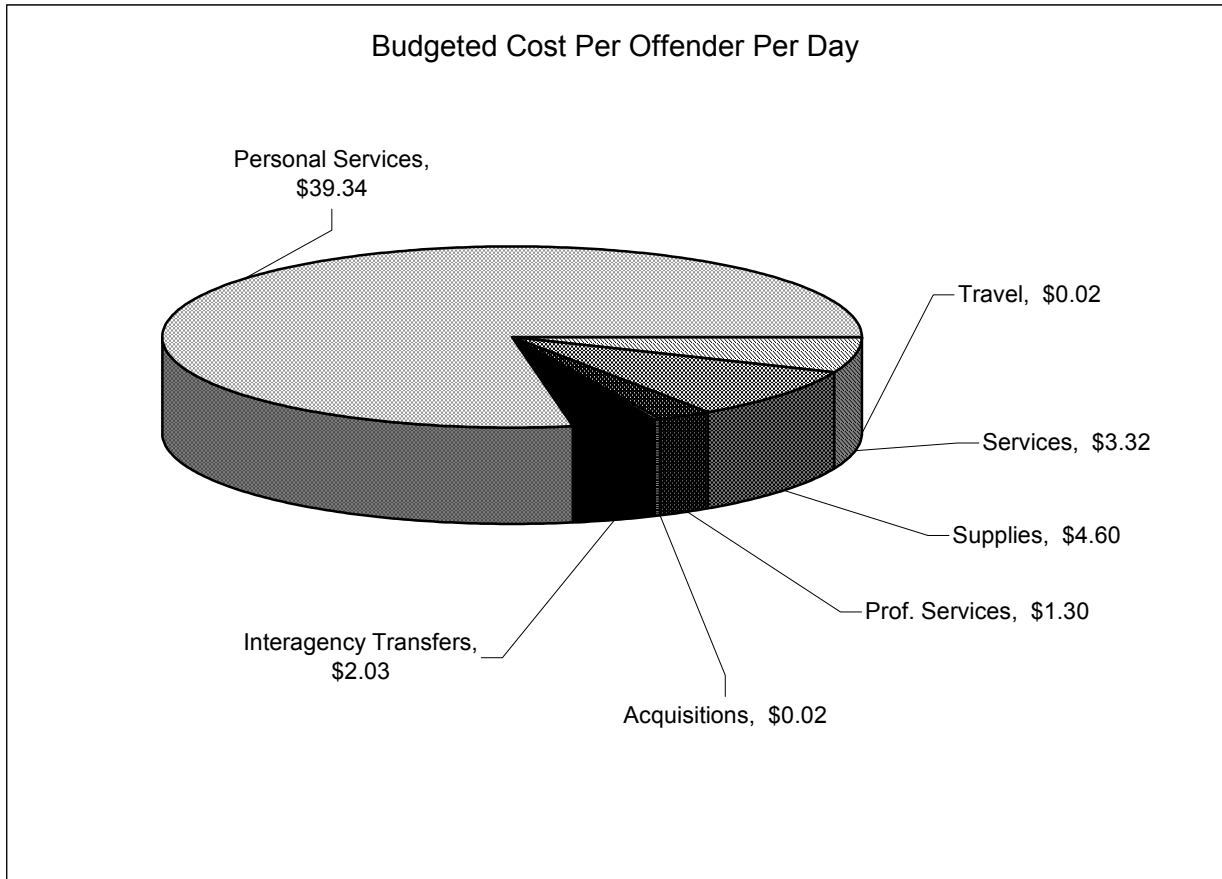
**A.18.b.**



\* Georgia, Maryland, Oklahoma, Texas and North Carolina reflect data from FY 02-03.

Chart **A.18.c.** depicts the budgeted cost per offender per day per Act 14 of the 2004 Regular Session by category of expenditure for correctional facilities excluding WNC and ALC, which are privately operated state owned facilities. Total salaries and related benefits costs of \$39.34 account for approximately 78% of the total budgeted cost per offender per day of \$50.63.

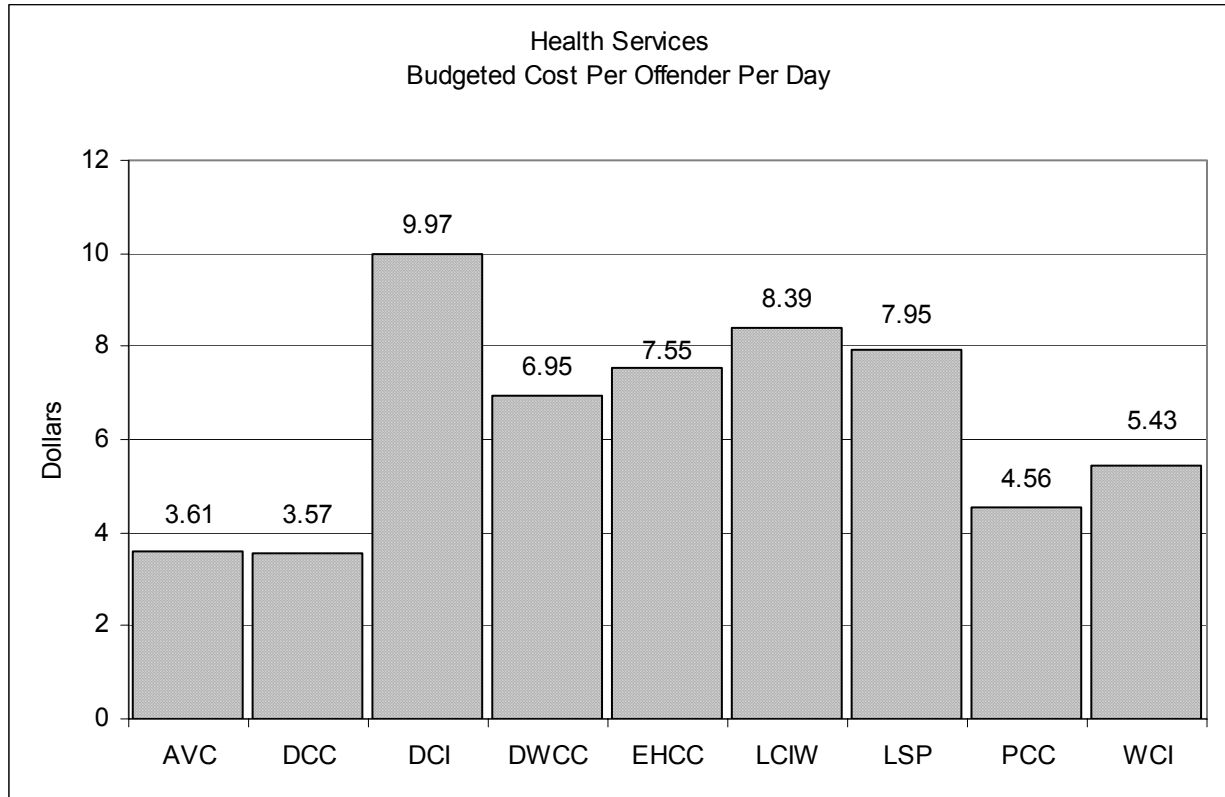
**A.18.c.**



## 19. HEALTH SERVICES

Chart **A.19.** excludes inpatient, emergency, and other medical services costs provided by Louisiana State University-Health Sciences Center (LSU-HSC). The health services cost per offender per day is derived by dividing the facility's health services budget by 365 days and by the facility's operating capacity. There are no costs reflected for WNC and ALC as they are privately operated state owned facilities.

**A.19.**



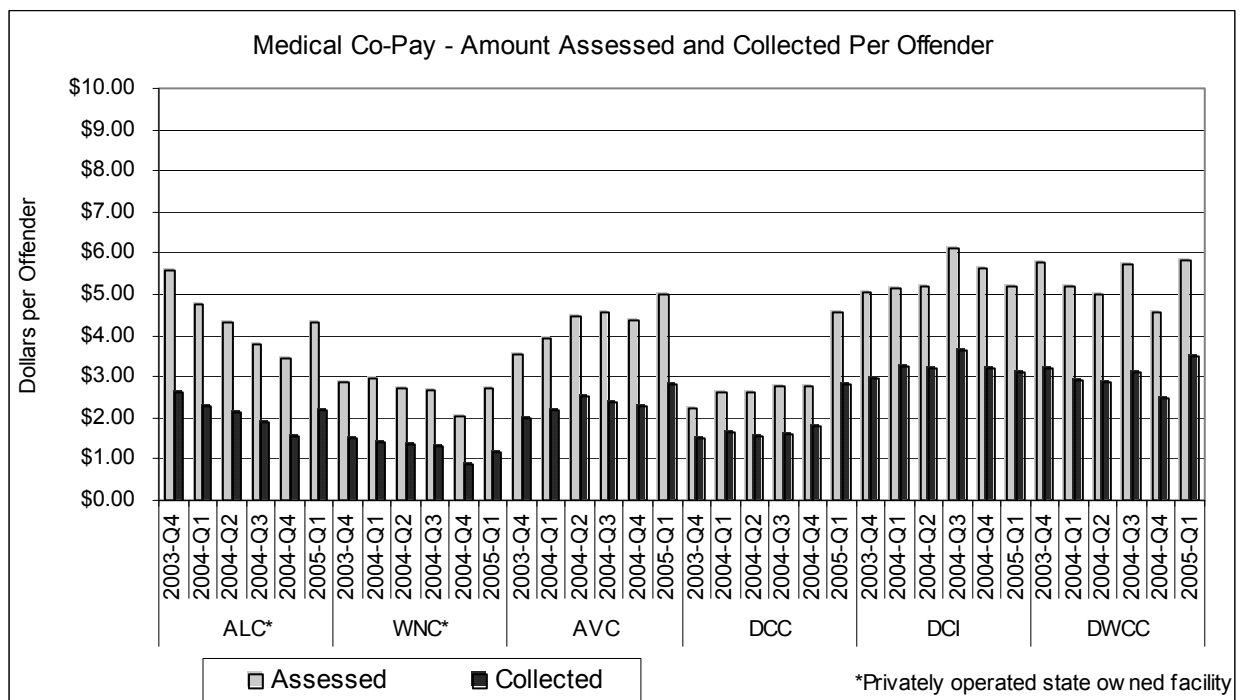


## 20. ADULT MEDICAL CO-PAYMENTS

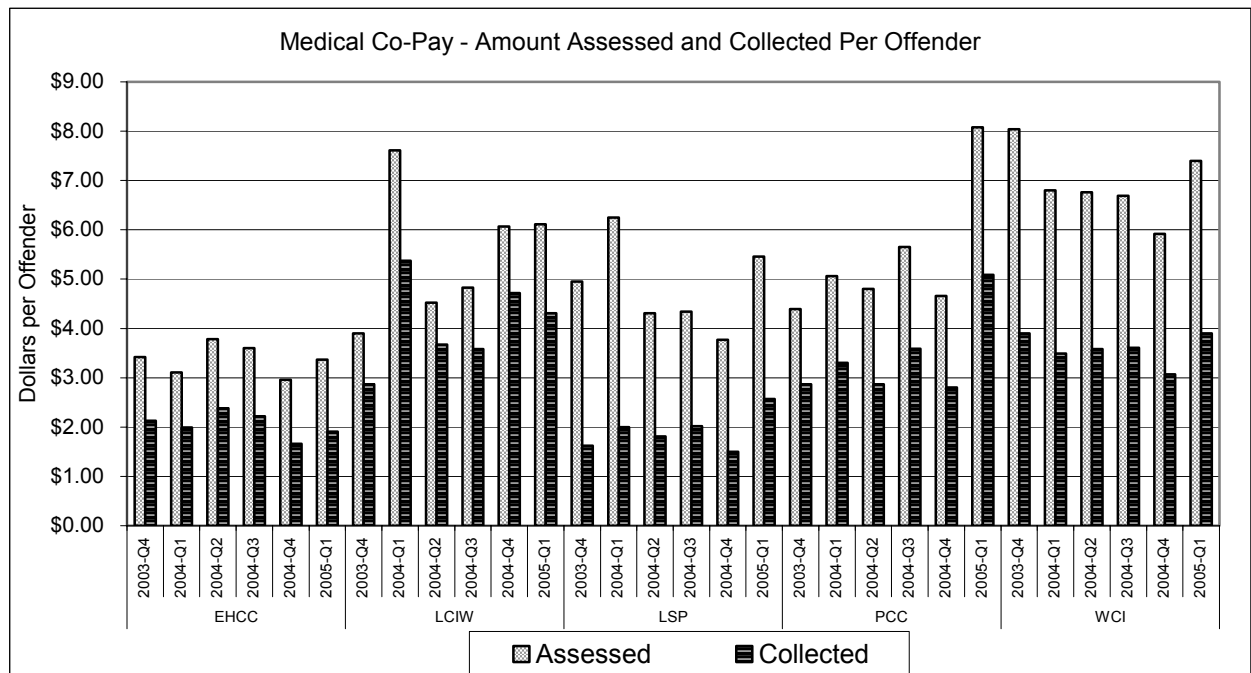
Medical co-payments are designed to be an original access fee for the initiation of medical services for an illness or injury. Offenders are charged a \$3.00 fee for each self-initiated request for medical, dental, and mental health services, and a \$2.00 fee for each new prescription written and dispensed with the exception of psychotropic medications and medications prescribed for public health reasons.

LCIW attributes low medical co-payments as a result of inmates with long-term and chronic illnesses. LSP is conducting a study of Q1 of 2005 data; however, numbers are not expected to rise to that of other facilities because of LSP's inmates with long-term and chronic illnesses. Medical Co-Pay at DCC increased during Q1 of 2005, it was discovered medical co-pay was not being charged for new prescriptions.

### A.20.a.i.



## A.20.a.ii.



## 21. FOOD SERVICES COST PER DAY

Chart A.21. depicts the food cost per offender per day for Q1 of 2005. As established by Department Regulation No. C-06-001, the food cost per offender per day is derived by calculating total monthly food cost divided by the operational capacity of the facility multiplied by the number of days in the month.

WNC's food cost per offender per day includes factors such as labor, maintenance, utilities, security cost, janitorial expenses, etc.

### A.21.

